FOR BINDING

RESERVED

AS

18. Funeral director

(Date ec'd by registrar)

Cily or town	lace of death? Sine	8/29/46 eath occurred: Llosis Sana torium
3. (a) FULL NA	AME	
A. Ser	5. Color or race White	6.(a)Single, married, widowed, or divorced Married
7. Birth date of deceased (mo., d 8. AGE:	Ruthrsburg, Pa. ay, yr.) Oct. 2 ears Months 36 10	6.(c) If alive, give age 41 years
9. Birthplace	Buckeytown (Town, con Truck) Iness Harvey G. Montgome:	Maryland ounty, and state) Mechanic Baker Cy County Md.
14. Maiden na 15. 8irthplace	Frederic	King

Gene Etchison

Church St. , Frederick, Md.

Registrar

State Mary land County Frederi City or town (if outside city or town limits, write RURAL and give a	
Sireet No. Rt. 4, Ballenger Creek (If rural, give LOCATION)	
2.(a) If veteran, name war	
3. (b) Social Securit 217-10-9	*
MEDICAL CERTIFICATION	
20. DATE DF DEATH Sep temb er 14 19 46	
21. I CERTIFY that death occurred on the date above stated; that I attended de Augus t 29	14 18 46
and that I last saw h. im alive on September 14.	1846.
Immediaiu cause ol death	
Pulmonary Tuberculosis	15 Mos.

2 (I) \$ 5	****
Laryngeal Tuberculosis	8 Mos
Due to	
Dther conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations.	
Dale ot op	
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide Daie of	
Where did Injury occur?	
Injured at home, farm, Industry, public place (where?)	
Means of injury Injured at work?	
23. SIGNATURE) ந் கை
Address State Sana to ri um, Md. Date signe	

2. USUAL RESIDENCE (HOME) OF DECEASED:

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

(18995 131

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County / Frederick Frederick Frederick If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) Hospitat, institution, or street address where death occurred: 221 East Third Street 221 East Third Street (If rural, give LOCATION) How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME None AMY THOMPSON BELL 4. Sex 5. Color or race 6.(a) Single: married, widowed, or divorced MEDICAL CERTIFICATION 8.(b) Name of husband or Howard N. Bell 21. I CERTIFY that death occurred on the date above stated; that f attooded decoased from . 6.(c) If allve, give age .. 7. Birth date of March 18, 1887 deceased (mo., day, yr.) Immediate cause of death ff less than one day 8. AGE: 21hrs.min. 9. Birthplace Nr. New Market-Frederick-Md.
(Town, county, and state) At Home 10. Usual eccupation 11. Industry or business Albert W. Phelps Frederick County Maryland (Include pregnancy within 3 months of death) Susanna E. McDonald 2 15. Birthplace Frederick County Maryland Howard N. Bell PHYSICIAN: Please auderline the cause to which death should be charged statistically. Address 221 E. 3rd St., Frederick, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof 9/12/46 Burial (month) (day) (year) Accident, suicide, or homicide..... Mount Olivet Cemetery Where did injury occur? (City or town) (County) Frederick. Maryland Injured at home, farm, Industry, public place (where?) ... Injured at work? M. R. Etchison and Son Means of Injury 18. Funeral director. Frederick, Maryland Address Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist.	No	10	J

CERTIFICATE OF DEATH

I. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
Frederick			rederick			
Cily or (If o	utside city or town lin	nits, write l	RURAL and give nearest town)			
How long in above place flospilal, institution, or How long in hospital or	of death? street address where d 109 East 7	O yea eath occurre 'hird	rs d:	City or town [In the City or town limits and the City or town limits are the City or t	ird Street	
3. (a) FULL NAME					3. (b) Social Security N	Inmher
3. (a) 1 one man		KLIN	PIERCE BENNER		None	amoet
4. Sex	5. Color or race	6.(a)\$ing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	S	ingle	20. DATE DF BEATH Septembe	r 1st. 19 46	at 7:30P.
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date abo	ve slated; that I attended decease	eed trom
			(c) If alive, give ageyears	and that I last saw h		19 KG
8. AGE: Years	Months	Days	If tess than one day	Immediato cause of death.	, dechen	102
93	3 ?	?				A Marine
10. Usual occupation 11. Industry or business 12. Name	Farmer acob W. Ber Washingtor Margaret Washi	nner Coun Walk	ty Maryland er County Maryland	Due to	***************************************	
18. Informant Mrs.	. Mary L. \	an Fo	ssen	Autopsy results PHYSICIAN: Please underline the cause to w	that death about the chancel of	tatistically
Address 109	E. Third	St	Frederick, Md.			tatudeny.
17. Burial (Burial, gremation			reot Sept. 1-1916 (month) (day) (year)	22. VfOLENCE: It death was due to external can Accident, suicide, or homicide	Daie of	••• bd• ••• •• •• •• •• •• •• •• •• •• •• ••
Cemetery or -eremato	Mount O	Livet	Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Frederic	ck, Ma	ryland	Injured at home, farm, Industry, publication	MEDITINIES STARKER RELIGIONS EXAMINE	••••••
	C.E.Clir	ne and	Son	Means of injury	MED / injured at Worker	
18. Funeral director			=======================================	1. W.	3 CHAMINI	PA
19. (Date rec'd h) re	Frederic	01	lizalette Stack. Registrar	23. SIGNATURE	M, D, o	r other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

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CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town. State Sanatorium Maryland (If outside city or town limits, write RURAL and give nearest to How long in above place of death? Since 9/1/45 Hospital, institution, or street address where death occurred: Maryland Tuberculesis Santorium How long in hospital or institution? Since 9/1/45	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) 7129 Harford Rd. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME George M. Bonhag	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D, DATE DF DEATH Sept. 20 19 46 at 8:00A
6.(b) Name of Table wife. Esther Bonhag 6.(c) If alive, give age 42 7. Birth date of deceased (mo., day, yr.) Feb. 15, 1900	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1 19.45 to Sept. 20 19.46 and that I last saw h. im alive on September 20 19.46
8. AGE: Years Months Days If less than one day 46 7 5hrs.	Pulmonary Tuberculosis Limmedia: Cause of death Pulmonary Tuberculosis 14 Mos.
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Post office clerk 11. Industry or business	Laryngeal Tuberculesis 14 Mos.
E 12. Name. George Bonhag 13. Birthplace Germany 14. Malden name. Anna ?	(Include pregnancy within 3 months of death)
15. Birthplace Germany 16. Informant Mrs. Esther Bonhag (Wife)	Major findings of operations
Address 7129 Harford Rd., Balto., Md. 11. Unknown Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Medelas Haknown Meurice (S.	22, Violence: If death was due to external causes, fill in the following:
Location Unknown Collings 18. Funeral director W. L. Creager & Son	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Thurstone, Maryland	23. SIGNATURE M. D. 200

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 127
1. PLACE OF BEATH: County City or town (Loutside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (12 outside city or town limits, write RIRAL and give nearest town) Streat No. (If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Elias Hall Brown	3. (b) Social Security Number
4. Sex S. Color or race (6.(a) Single, married, widowed, or divorced Wale Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. See 9 19 46, at 4/57
8.(b) Name of husband or wife. Sana La V. Eylor Brown 7. Birth date of Solution (Control of the Control of the	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. to
8. AGE: Years Months Bays If less than one day 9. AGE: Years Months Bays If less than one day 9. AGE: Months Bays If less than one day 1. AGE: Months Bays If less than one day	Immediate cause of death DURATION
9. Sirthplace (Town, county, and state)	Due to. Oday
10. Usual occupation	Bue to
12. Name Mail 13. Birthplace Mail 13. Birthplace	Other conditions
14. Malden name. May 15. Birthplace 24 d	Major findings of operations
16. Informant. Jerus 195 Braces Address Union Bidge.	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof Soft 12/- 19 7 6 (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Commetery or crematory of tocking the full full from Considery Location 2000 100 100 100 100 100 100 100 100 10	Where did injury occur?
16. Funeral director D. D. Santiles & Long	Means of Injury Injured at work?
Address Theren Bulge for Ken Hundre Mil	23. SIGNATURE Sona TV. Beall ZU.S.
(Date rec'd by registrar) (Date rec'd by registrar)	Address Libertylown Male signed 9/9/4



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DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

()8999 Reg. Dist. No....**139**.....

fants give residence of mother) Land Couoly Ltimore tside city or town limits, write RURAL and give nearest town)
344
tside city or town limits, write RURAL and give nearest town) Griffies Ave.
(If rural, give LOCATION)
3. (b) Social Security Number None
medical certification eptember 28 1:45A
occurred on the date above stated; that I atlended deceased from 19 46 to Sept. 28 19 46 19 46 19 46
Tuberculosis 2 Yrs.
de pregnancy within 3 months of death)
Dale of op.
aderline the cause tu which death should he charged statistically.
th was due to external causes, fill in the following; micide
Sana to rium, Md. Bate signed 9/28/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1849

CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Co	(For newhorn infants give residence of mother)
City or town	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town had Immonwell &
How fong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
musical trans Busines	Survien
4. Sex Solor or race 6.(a) Single, married, widowed, or divorced	
O. Con a state of married married at a state of	MEDICAL CERTIFICATION
mall VY married	20. DATE OF DEATH. Seut 23 1946, 81 2 A. M
B.(b) Hame of husband or wife. Lesson. Styll. Burnin.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If allve, give ageyears	19.7
7. Birth date of	and that I last saw h. () The on 18 16.
accesses finding ask his	Immediate cause of death
8. AGE: Years Months 0 Days If less than one day	Shat que wound
39 /hrsmin.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Frederick ma	
9. Birihplace	Due to
10. Usual occupation. Harmely	***************************************
11. Industry or business	Due to
~!	
12. Name	Other conditions
2 13. Birthplace Grederick Go ma	(Include pregnancy within 3 months of death)
14. Maiden name Gangie Mercer	(Include pregnancy within 8 months of death)
	Major findings of operations.
\$ 15. Birthplace Frederick Co. Int.	Date of op.
16. Informant Mrs. Jelson Bussier	Autopsy results.
Address Who and Bridge med	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address mon anage ma	22. VIOLENCE; If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. accident Date of 9.23.46
	Where did thirty occur? University all Fredrick mel
Cemetery or crematory	(City or town) (County) (State)
Location Takertat Ima	tnjured et home, farm, industry, public place (where?)
la to Best	Means of Injury 12 Shot Cun Injured at work?
18. Funeral director	Daguly wed.
Address Walkersoulle mos.	K.M. Bar 6
Deal San 14 Real (1)	23. SIGNATURE M. D. or other
(Date vec'd by registrar)	Freduit red 9.23.46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52.C



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CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Fice Let 1 ch	- 1
City or town R Yo (If outside city or town links, write RURAL and give nearest town)	State County - 2 derice
How long in above place of death?	(If outside city or town limits, write RUEAL and give nearest town)
How long in above place of death. Hospital, institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) veteran, name war
	3. (b) Social Security Number
3. (a) FULL NAME	3. (0) Social Security Number
J. Elmen 1508331	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widowed	20. DATE OF DEATH. Sept 12 1046 21 4-35
Flora Bussard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B,(6) Name of husband or wife	Sept 12 19 16 10 29 12 1946
5.(c) It alive, give ageyears	and that I last saw h fin allve on Safet 12 19 Kilo
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	2
74 7 23hrsmin.	Carcinonia armary
Margilla Indexich Ca Md.	Due to Bladder ?
9. Birthplace	THE CO.
10. Usual occupation Fas Market	Production
11. Industry or business	Jue 10
12. Name 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name 12 2 5 4 1 7 5 1 11 2 7 1 15 15 15 16 16 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Major findings of operations
2 15. Birthplace My 25 5 11 2 Md	Date of op.
Tall Die Grad	Anloney results.
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address V 2 F 5 V 1 C	22. VIOLENCE: Il death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
17	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location XI = Y S Y I I	Injured at hongs, larm, industry, public place (where?)
10111111	Means of Injury injured at work?
18. Funeral director	12/1/2 / 20
Address	23, SIGNATURE 2 / Forp //
. S. It 15 . Hla Popaling Louthern	M, D; or other
(Date rec'd by registrar)	Address Date signed 13 76

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		2411 N. Charles St., Baltimore	
ect 2		CERTIFICATE OF DEATH	Rug. I
No.	1 DIACE OF DEATH.	2 USUAL RESIDENCE (HOME	OF DECEASED

6.(a) Single, married

B.(c) If alive.

Dale thereof

3

(Town, county, and state)

tf less

(If outside city or town limits, write RURAL an

Hospital, Institution, or street address where death occurred:

5. Color or race

How long in hospital or institution? 3. (a) FULL NAME

Years

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4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.....

10. Usual occupation. 11. Industry or business

15. Birthplace

Cemelary or Comme

(Date rec'd by registrar)

(Burial, cremation, or removal, Which?)

16. Informani Address

Address

8. AGE:

FATHER

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	(For newborn infants give residence of m	other)	
		Freder	ih
and give nearest town)	Off or town (If outside city or town limits,	write RURAL and give near	est town)
citae	Street No(If rural, give L		*********
2	2.(a) tf veleran, name war		
		3. (b) Social Security 1	lumber
ca One	amer	213-03-	-1887
d, widowed, or divorced	MEDICAL CE	RTIFICATION	3
ried	20. DATE OF DEATH Q - Z	19:16	1 2 Pm
Sauce	21. I CERTIFY that death occurred on the dale above		eed from
give age	and that I last saw h	11. 7 .	19.44
ss than one day	Immediate cause of desth		DURATION
	sal who mar	6.20	*****************
hrs. min.	Trimous - Kin	treasts CwfR.	<u> </u>
yd.	and 1050ALL No	120	A.A
lead	Bue to	the breasts.	
us.			***********************
quolo	Other conditions		****************
2yd	(Include pregnancy within 8 m	onths of death)	
Congle	Major findings of operations		
0. 240			
zuer	Autopsy results	ch death should be charged :	statisticslly.
- Mar.	22. VIOLENCE: If death was due to external caus	es, fill in the following:	
(month) (day) (year)	Accident, suicide, or homicide		>>>>×
	Where did injury occur?(City or town)	(County)	(State)
- myd.	Injured at home, farm, Industry, public place (who		
inteler	Meens of Injury	njured at work?	
Mod	I II I	, she	
wood by Theele	23. SIGNATURE	M. D.	orother
Registrar	Address Hodelva	Dale signed.	13 177



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

09003

CERTIFICATE OF DEATH

P. Diat. No. 139

	Ave Pitti Homanananana
1. PLACE OF DEATH: County Frederick City or town State Sana tori um, Maryland (If outside city or town limita, write BURAL, and give nearest town) How long in above place of death? Since 8/12/46	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or towa Upper Falls (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana torium How long in hospital or institution? Since 8/12/46	(If outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME Louis B. Dewey	3. (b) Social Security Number 452-10-9902
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sep tember 3 19 46 31 9:30 Am
8.(6) Name of Author Address of Claree M. Dewey S.(6) Name of Author Address of Claree M. Dewey S.(6) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 12 1946 1946 Sep t. 3 1946 and that I last saw h im alive on Sep tember 3 Immediate cause of death Pulmonary Tuberculosis 1 Yr.
9. Birthplace Cleveland, Ohio (Town, county, and state) 10. Usual occupation Maritime Police 11. industry or business	Due to.
12. Name Dr. Seymour B. Dewey 13. Birthplace Kent, Ohio 14. Maiden name Elizabeth F. Hayes 15. Birthplace Sandusky, Ohio 16. Informant Deceased	Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actopsy results. PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 17. (Burial, cremation, or removal Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Lance State Co. France 19. (Date fee'd by fregristrar) 19. (Date fee'd by fregristrar) Registrar	Msans of Injury 23. SIGNATURE M. D. Date Signed 9/3/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-2

CERTIFICATE OF DEATH

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ĺ.	*	Reg.	Dist.	No.	31	
01	F DEC	EASE	D:		,	

	Reg. Dist. 140	******
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fauffs givo regidence of mother)	
County Que ones h Que a	State Maryland County of Mederesh	
(If outside city or town limits/write RURAL and give nearest town)	m. Idl to	
How long in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)	******
Hospital, Institution, or street eddress where death occurred	Street No	
mergule Hospelal	(If rural, give LOCATION)	
How long in hospital or distillution?	2.(a) if voteran, name war.	******
3. (a) FULL NAME aques V. Sixon	3. (b) Social Security Number	
4. Sex 5. Color or raco 6.(a) Single, Married, widowed, or diversed	MEDICAL CERTIFICATION	
Tourse White Sugle	20. DATE DE DEATH September 25 19 4 6 at 11.3	3 6 A. M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
6.(b) Name of husband or wite	Jan 1 1946, 10 Seft. 25 19	16
7. Birth date of	and that I last saw h.C. alive on Self. 25 19.	46
deceased (mo., day, yr.) April 28, 1873	and that I last saw h	
8. AGE: Years Months Days It less than one day	Immediate cause of death Dyran Cho- Juneumonia 2 dog	
73 4 27nrsmin.	Broncho- Jusumonia 2 day	7
9. Birthplace (Town county and state)	Due to	**********
Chartenal Neurol -		*********
1D. Usual occupation.	Due to	********
11. Industry or business		
12. Name U ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Differ conditions Hemiplegia, left 2400	lrs,
14. Maiden namo Martha Kuig	(include pregnancy within 8 months of death)	
15. Birtholace 7 / Unkno Abor	Major findings of operations.	
VIAGUER TELEV	Date of op.	
Address Me recent trapetal - Tolk Me	Autopsy results PHYSICIAN: Please moderline the caose to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Bate thereot. (month) (day) (year)	Accident, suicide, or homicide	
300	Where did injury necur?	
Comotery or comments. The 101 M. Leur & tell		
Location Middle Law 11Cd	Injured at home, farm, industry, public place (where?)	
18. Funeral director. Bladlill	Means of injury Injured nt work?	
Address Middletown, Wh.	as construct Bernard Thomas Jr. M	.D.
19. Left 27 1946 Elizabeth & Head	23. SIGNATURE M. D. or other Address of redevide Mo Bets closed Chit-	25,4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No. J
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State. Maryland Frederick City or fown (If outside city or town fimits, write RURAL and givo nearest town) Street No. (If rurul, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 2/8-03-0//6
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH September 28, 1946 a5:10 A
B.(b) Name of husband or wife	
8. AGE: Years Months Days If less than one day I2	Chowie Lemotre valoular
9. Birthplace	Due to
Thurmont, Md.	Major findings of operations
15. Informant Mrs. Marshall Leatherman.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory	Accident, suicide, or homicide
Location Thurmont, Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. M. L. Creager & Son Address Thurmont, Md.	Means of Injury Injured at work? 23, SIGNATURE. Some M. D. or other
19 Sept 30 19 46 Blanche S. Eyler (Date Free'd by registrar) Registrar	Address Thurward Ad Date signed 9/28/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

OCT 2 1946 BURLAU V B

important.

PLAINLY, vis especially

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF DEATH



Reg. Dist. No. 139

CERTIFICAL	E OF DEATH	.39
. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(If outside eity or town limits, write RURAL and give nearest town) ow long in above place of death? Since 9/16/46	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give neare	
ospital, Institution, or street address where death occurred: Nerylem Tuberculosis Senatorium ow long In hospital or Institution? Since 9/16/46	Streel No. 41.7 No. Duncan Sto. (If rural, give LOCATION) 2.(a) If veteran, name war.	<i>J.</i>
John J. Evans	3. (b) Social Security N	umber
Sex Scoor or race S.(a)Single, married, widowed, or divorced Separated	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 21 1946	3:30P
(6) Name of pushandor wife. Maxine Evans State Same to rium, Md. 6.(c) If alive, give age. 29 years Birth date of deceased (mo. day, yr.) Jan uary 14, 1918	21-2 CERTIFY that death occurred on the date above stated; that I attended decease September 16 19.46 to September 2 and that I last saw h	ed from 1 19.46
deceased (mo., day, yr.) Jan Usty 14, 1910 B. AGE: Years Months Days If less than one day	Immediate cause of death Pulmonary Tuberculesis	3 Mos.
Baltincre, Md. (Town, county, and state) O. Usual occupation Rigger, shipyard 1. Industry or business	Laryngeal Tuberculosis Ouefo.	1 Mo.
12. Name	Other conditions	
14. Malden name. Anna Dornicok 15. Birthplace Czechoslovakia	Major findings of operations	
6. Informant Joseph S. Dornicok (Uncle) Address 417 N. Duncan St., Balto., Md.	Autopsy results. PHYSICIAN: Please uoderline the cause to which death should be charged at	
(Burial, cremation, or removal. Which?) Cametery or crematory Unknown Toly Pedeemas	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Baltimore Mrs.	Injured at home, farm, industry, public place (where?)	
Address Thurmont, Mary land	D. h. dr	
19. (Date yee'd by registrar) 19. 69. X6 Registrar	23. SIGNATURE M. D. X Address State Sana tori um, Md. Date signed 9	

Street No. 417 N. Duncan		
2.(a) If veteran, name war		
	3. (b) Social Security 1	Number
	ERTIFICATION	
20. DATE OF DEATH Sept. 21	1946	3:30P
21-1 CERTIFY that death occurred on the date abo Sep tember 16		
and fhat t last saw halive on		19
Immediate cause of death Pulmonary Tumercu	lesis	3 MOS
Laryngeal Tub er cu	losis	1 Mo.
Oue fo		
,		
Other conditions		
	4) - 6) - 41	
(Include pregnancy within 3		
Major findings of operations		
PHYSICIAN: Pfease noderline the cause to w	hich death should he charged	statistically.
22. VIOLENCE: If death was due to external car	uses, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (w	rhere?)	
Means of Injury	Injured at work?	
23. SIGNATURE D. D. &	m-	

on organization of the state of a orac . I Tion aptricted at Richard Polling Prosingly . Sommer admit admit a zaza w SEP 24 1946 La Leville Ministry and Charles and Charles NATE OF THE PARTY OF THE PARTY. Contract of the latter I

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2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

09007

	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH: County City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 3/1/45 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 3/1/45	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Fedoruk Fedosy	3. (b) Social Security Number None
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced White Widower	MEDICAL CERTIFICATION 20. DATE DF DEATH September 9 19 46 215:15P
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1945 to Sept. 9 1946 and that I last saw h imalive on September 9 1946 Immediate cause of death Pulmonary Tuberculosis 28 Mos.
9. Birthplace Russia 10. Usual occupation Caretaker of Ceme tery 11. Industry or business 12. Name Sam Fedosy Sam	Due to
14. Maiden name? 15. Birthplace Russia 16. Informant Sophia Gizinski (Friend) Address 417 N.Montford Ave., Bal to., Md.	(Include pregnancy within 3 months of deeth) Major findings of operations
Burial Date thereof 9/12/46 (Burial, cremation, or removal, Which?) Cemeter XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director. M. L. Creager & Son. Address Thumont, Mary land 19. July 9 18.46	23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 127-6)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county trederics	(For newborn infants give residence of mother)
City of tow Frederick	State Md County Frederics
(If outside city or town limits, write RURAL and give nearest town)	24 A 1 10 0
How long in above place of death?	(If outside city or town binaire, write RUKAL and give nearest town)
Hospital, institution, or street address where death ocodered:	
Frederick Gity Hospital	Street No. (If rurat, give LOCATION)
How have to beautiful as leastherities? I days	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Virginia Ldella	- Frity
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
+ 24 married	10 C 41/ 2:30 1
	20. DATE DF DEATH 19 46 , at 2:30 4
6.(6) Name of husband or the former My truly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
70	15 July 19 46, 10 19 SEPT 18 46
7. 8 irth date of	and that t last saw h. E.A. alive on 19 SEPT 1946
deceased (mo., day, yr.) Jan 2/, /8 73	
8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION
73 7 28hrsmln.	PERIPHERAL VASGULAR COLLAPSE 10 HA
	\
9. Birthplace to ederich County Myd	Due to CHOLECYSTECTOMY
(Town, county, and state)	
10. Usual occupation	Due to Hydrops GALL BLAddER 3 MAN
11. Industry or business Own home	Due to HYDRAPS GALL BLAGGER JAMAN
12. Hame 21 = 6 Beale 13. 81rthplace	Other conditions CARDIO MASCULAR-RENAL 5 YRS
\(\frac{1}{2}\) 13. 8\(\frac{1}{2}\) 13. 8\(\frac{1}{2}\) 13.	DISCASE
¥ 7/	(Include pregnancy within 8 months of death)
14. Malden name Jacobs 15. Birtholace	Major findings of operations. HYDROPS, CALL BLADDER
\$ 15. Birthplace 240.	
Pul Trit	Date of op. 18 SEPT 41
18. Informant	Autopsy results
Address 14t any 14d.	Initiation: Hease underline the cause to which death should be charged statistically.
12 Soit 27/941	22. VfOLENCE: If death was due to external causes, fill in the following:
(Burial, crametics, or removal, Which?) Date thereof (mogth) (day) (year)	Accident, suicide, or homicide Date of
11	Where did Iniury occur?
Cemetery or crematory	Where did injury occur?
Location diverty low 191	Injured at home, farm, industry, public place (where?)
10 - ON - 1/- The	Means of Injury Injured at work?
18. Funeral director	
Address Woods boro Myd	J 3 V+ 1 11 V
0 1 CD. KAN 1 1	23. SIGNATURE LANGE D. or other
19 20 Dept 19 46 Elyabeth y Hell	7.1 01 - 0 M. M. D. or other 1
(Date rec'd by agistrar) Registrar	Address Walfresquale NG Date signed 17.194 7

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VS A15 9.45-15

MARYLAND STATE DEPARTMENT OF HEALTH

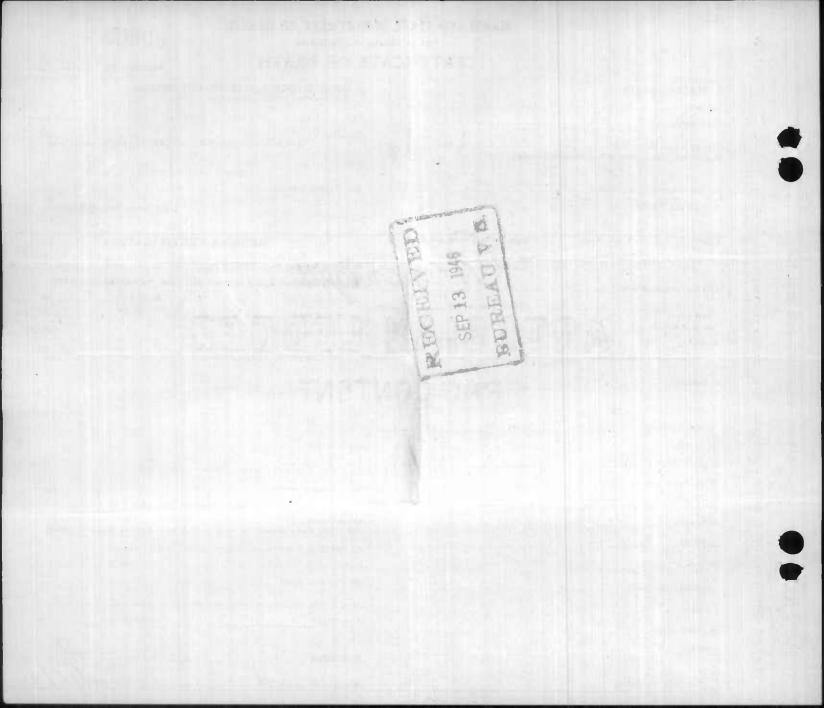
2411 N. Charlen St., Baltimore 93-0

09069

CERTIFICATE OF DEATH

132 Reg. Dist. No.

1. PLACE OF DEATH:	(For newborn infanta give residence of mother)
County	State Vicarian County Indered
City or town (If outside city of town limits, write RURAL and give nearest town)	1 2 m M.
How long in above place of death? 3. ALLRELLS	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Middlelton Kil	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alletus Dardiner	, hou
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Denido White Married	20. DATE OF DEATH Depotember 4 19.46 at 11.50 P. M
8.(b) Name of husband or wife Q. C. Sandrier	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	A R 11 U 11 (
7. Birth date of deceased (mo., day, yr.) Obril -25 - 1883	
8. AGE: Years Month Days If less than one day	Immediate cause of death
63 4 9hrsmin.	Chronic Hyseardiles 5 960
9. Birthplace Adelsee / Organia	Due to
(Town, county, and state)	Cerebral tarmorhage
10. Usual occupation. Dousellife	Que to
11. Industry or business OUM Home	
# 12 Name William Delinger	Other conditions
E 12. Name Defluga Defluga Sirihplace	
	(Include pregnancy within 8 months of death)
14. Maiden name Parey Martin	Major findings of operations
\$ 15. Birtholace Polance Ind. Co. Va.	Date of op.
16. Informant C LL LA CALLLE	Antopsy results.
Address Bonnalamolic Va-Riz	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bund O Date thereof Sold 7.1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Maredania Certifaj.	Whera did injury occur?
Location Dried Co. 1/a	Injured at home, farm, Industry, public place (where?)
718.000	Means of Injury Injured at work?
18. Funeral director	6 11 Pell On 10
Address Son Type III	23. SIGNATURE M. D. or other
19 Sed. 5. 1946 marie Blochell Registrar	Addres Beoreloso Bate signed 15/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

09010

CERTIFICATE OF DEATH

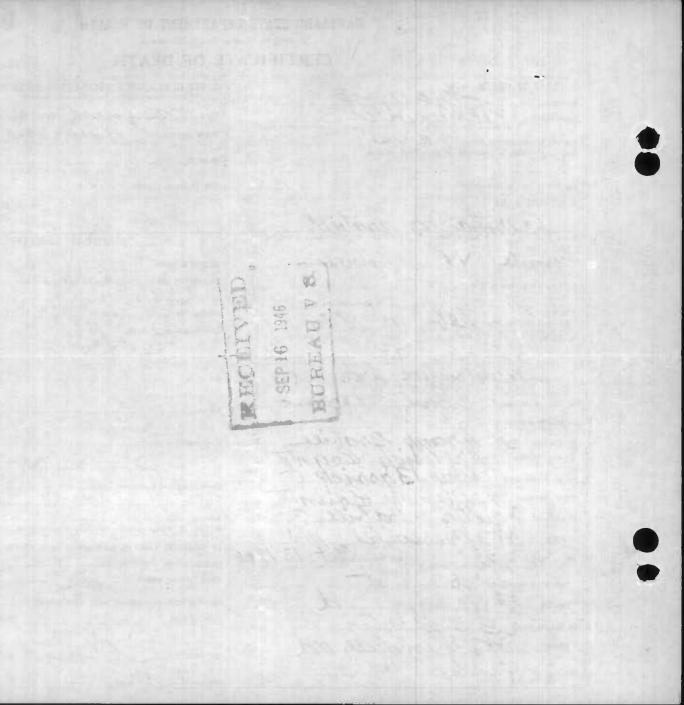
Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. State Sana torium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Sime 8/15/46 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Sime 8/15/46	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1317 W. Fayette St. (If rurai, give LOCATION) 2.(a) tf veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Carl Gommel, Jr. 6. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	MEDICAL CERTIFICATION 2D. DATE OF DEATH September 30 19 46 21 8:00 Au
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 19. 46, to Sep t. 30 19.46 and that I last saw h im alive on Sep t emb) er 30 19.46
8. AGE: Years Months Days It less than one day 53 7 5 hrsmin.	Pulmonary Tuberculosis 7 Mos.
9. Birthplace	Due to.
12. Name Carl Gommel, Sr.	Other conditions
14. Malden name Katherine? 15. Birthplace German y	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Deceased	Autopsy results
17 Unknown (Burlal, cremation, or removal, Which?) Cemetery or crematory Date thereof. Unknown (month) (day) (year) Unknown	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Unknown	Injured at home, farm, industry, pub ¹¹ c place (where?)
18. Funeral director. M. L. Creager & Son Address Thumont, Maryland 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. KOUNK Address State Sana tori um, Md Date signed 9/30/46

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H UNF	1 tonto
WIT	, immi
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informati	le ocnonially
WRITE	
PLEASE	

year of birth is shown on MARYLAND STATE DE	EPARTMENT OF HEALTH
G 107 9/20/46 CERTIFICAT	TE OF DEATH Rog. Diat. No. 3
1. PLACE OF DEATH: County (If outside by or town limits, write RURAL and give nearest town) Bow long in above place of doath? Hospital, institution, or street address whore feath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sox 5. Color or race 6.(a) Single, married, widewed, or divorced 6.(b) Name of husband or wite 6.(c) If alive, give age yoars 7. Birth date of deceased (me., day, yr.) 8. AGE: Years Months Days It loss than one day 9. Birthplace Maller Married (Pown, coesty, and state) 10. Usuat occupation A Married (Pown, coesty, and state) 11. industry or business 12. Name A Married (Pown, coesty, and state) 13. Birthplace A Married (Pown, coesty, and state) 14. Married (Pown, coesty, and state) 15. Birthplace A Married (Pown, coesty, and state) 16. Informant (Pown, coesty, and state)	MEDICAL CERTIFICATION 20. DATE OF OEATH
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide





2411 N. Charles St., Baltimore (188)

09012

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick City of tame (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? Since Sept. 2, 1946	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick Creagerstown (If outside city or town limits, write RURAL and give nearest town) Street Ho. (If rurnl, give LOCATION) 2.(a) If reteran, name war. None
3.(a) FULL NAME CHARLES WILLIAM GRIMES,	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M	MEDICAL CERTIFICATION
M W M 8.(b) Name of thusband or wife. Mildred V. Fry	2D. DATE OF DEATH 19.46 at 3.450 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) May 20, 1892	and that I last saw h / 17 hive on 19.4.6
8. AGE: Years Months Days It less than one day 54 3 16	well prettyres 4 days
9. Birthplace Nr. Creagerstown-Frederick-Md. (Town, county, and atate) Farmer 11. Industry or business 12. Name. William T. Grimes 13. Sirthplace Frederick County Maryland	Due to
14. Maiden name. Della May Eyler 15. Sirthplace Frederick County Maryland 16. Informant. Mrs. Mildred Grimes	Major findings of operations
16. Informant Rrs. Mildred Grimes Address Creagerstown, Maryland	Autopsy results
Burial Date thereof 9/9/46 (Burial argumenter, or removal Whicher) (month) (day) (year) Cemetery or secondary Mount Olivet Cemetery Francisco also Manyaland	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide. C. C. C. Date of . Z. 4 6 Where did injury occur? (City or town) (County) (State)
Frederick, Maryland M. R. Etchison and Son Address Frederick, Maryland	maens of injury / Lelkock & frame injured at work? The Common of injury / Lelkock & frame injured at work? The Common of the com
19. 7 - Selvat 19.4.6 Elizabett 4 Heck	23. SIGNATURE M. D. or other Address Fuel Well Date signed 4.6 'Y 6

SEP 9 1945 BUREAU V 8

09013

1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOM	Rog. Diat. No. 131 (E) OF DECEASED:		
Comity Free	derick		(For newborn infants give reside	ence of mother)		
City or town F	rederick	mits, write RURAL and give nearest town)	State Maryland	County		
(If	outside city or town I	ife	City or Frederick	n limits, write RURAL and give nearest town)		
Hospital, Institution, o	r street address where	death occurred:	Street No. 118 West Sc	outh Street		
118 We	st South	Street	(If rura	(If rural give LOCATION)		
How tong in hospital	or Institution?		2.(a) if veteran, name war	,		
3. (a) FULL NAM	IE			3. (b) Social Security Number		
	ANNA	MARY HOOPER		None		
4. Set	5. Color or race	6.(a)Singler married, widowed, or diverced	MEDICA	L CERTIFICATION		
F	W	M	20. DATE OF DEATH Septe	ember 22, 19 46 at 8:		
e (b) Name of bush	George	William Hooper		date above stated; that I attended deceased from		
B.(O) Hame of husban		63				
7. Birth date of	Novemb	6.(c) if alive, give age 63	and that I tast saw halive on	Se ffluti Q2 191		
deceased (mo., day,	yr.) HOVOME	Days If less than one day	Immediate cause of death	DURAT		
O. MOD.				1 donts 4		
				we y wee		
9. Birthplace Pre	derick-fr	ederick-Maryland	Due to	1. / 201		
10. Usual occupation	At Hom	6	- Evy www.	Wall y		
11. Industry or busine			Due to Diane	a peluna 810		
Ed. Ed	mind Simm	ons	Ditar and History			
12. Name	Germany					
ec 10. Bit inplace	Marthe H	lizabeth Scheazer	(Include pregnancy wi	ithin 3 months of death)		
		Laure our Donoggoi	Major findings of operations			
	Virginia	TT				
	eorge W.		Actorsy results	se to which death shootd be charged statistically.		
Address 118	W. South	St., Frederick, Md.				
17 Burial	n, or removal. Which	Dale thereof 9/25/46 (month) (day) (year)	22. VIOLENCE: If death was due to exte	ernal causes, fill in the following:		
(Burlal, o sematio	Mount	Olivet Cemetery				
				town) (County) (State)		
Location Frederick, Maryland			***	lacs (where?)		
18. Funeral director. M. R. Etchison and Son			Means of Injury	Injured at work?		
Address	Freder	ick, Maryland	T4 H.1	Yern M. D.		
911	+	CD. 1 to 0. 11 0	23. SIGNATURE	M. D. or other		
19. 4 H ARA	21 19 H 6	Chabelle J. Hall	Address Frederick, 1	Maryland Date Signed 9-23-		

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SEP 25 1946

BUREAU V.B.

/			CERTIFICA	TE OF DEATH	★ Re	g. Dist. No.	31
1. PLACE OF DEATH: County Frederick Frederick-Rural R. F. D. #4 City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Near Jefferson How long in hospital or institution? 3. (a) FULL NAME			Street No. Near Jeff	county Fr County Fr County Fr CK-Rural town limits, write RU Cerson Furnt, give LOCATIO Non	ederick R. F. D RAL and give nea	areat town)	
3. (a) FULL NAME		EDWA	ARD JENKINS		3. (b)	None	Number
4. Sex	5. Color or race	6.(a)Sing	en married, windwed, or divorced	MEDI	CAL CERTIFI	CATION	
M	W		M	20. DATE OF DEATH Sept	ember 27	, 19 46	, 12:20
6.(6) Name of Destruite 7. Birth date of deceased (mo., day, you) April	10,	(c) It alive, give ageyear L 9 98	and that t last saw h A alire of	Sip		19 4 K
8. AGE: Years 48	Months 5	Days	If less than one day	Filmona	my Elle	ma_	2 /Jay 3
10. Usual occupation 11. Industry or business 12. Name	Labore	r Jenl	cins	Due to	with	reference of the second	12 w fre
13. Birthplace Frederick County Maryland Mary Elizabeth Keller			(Include pregnancy	y within 3 months of	death)		
14. Maiden name	rederick	Cour	th Keller outy Maryland Jenkins	Major findings of operations		Data of on	
16. Informant Mr	s. Lydia	I	Jenkins	Autopsy results			
Address R. F. D. #4, Frederick, Md.			PHYSICIAN: Please underline the			statistically.	
Burial (Burial, commutation, or removal, Whichi) Cemetery or commutation, St. Pauls Lutheran Cemetery			22. VIOLENCE: If death was due to Accident, suicide, or homicide Where did injury occur?	•••••	Date of	(State)	
Jefferson, Maryland			Injured at home, farm, Industry, publi			************************	
	M. R. Et	chis	on and Son	Means of Injury		Injured at work?	
18. Funeral director M. R. Etchison and Son Address Frederick, Maryland			23. SIGNATURE	Tallo &	Bric	eM. D.	

Jefferson, Maryland

MARGIN RESERVED FOR BINDING

OCT 1 1946
BUREAU V D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1.3.1

1. PLACE OF DEATH: Treolerish Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or term (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in above place of death?	(1) odtside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME —	3. (b) Social Security Number
Myrtle Monro	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
- Benole Cal Married	20. DATE OF DEATH SED + 15 18 46 at 3 PM
6, (b) Name of husband or Bernard and ohns	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of The Strip dat	Sept 5 1946, 10 Sept 15 19/6
7. Birth date of deceased (mo., day, yr.) Dec 1/ - 190: 6	and that last saw have alive on 309 to 18.4.
8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION
39 9 4hrsmin.	ne les tienal de hischion
9. Birihpiaco Monte onesy C + 2	Due to
(Town, county and state)	
1D. Usual occupation To the	Due to Us Ciserus & Done f
11. Industry or business	
12. Martie 13. Birtholace Months from 5 222	Other conditions
El 10. Direipidee / Part 4	(Include pregnancy within 8 months of death)
14. Maidén name Matringle Inouselles	Major findings of operations.
0. 1. (0)	Date of op.
16. Informant Jernard Toman	Autopsy results
Address Coguliania Maria	22. VIOLENCE: tf death was due to external causes, filt in the following:
(Burial, crossiding of Whiche) (Burial, crossiding of Control (Month) (dny) (year)	Accident, suicide, or homicide
Cemetery or crematory the grandship med	Where did injury occur?
Location Chaquillesielle mod	injured at home, farm, industry, public place (where?)
18. Funeral director Ruy 11 Barbin	Means of Injury Injured at work?
Address and on since my	(poly and
CP- 1 to be Hard	23. SIGNATURE M. D. or other
19. 6 Sept 18 46 Euralello J. McCR	Address Tre derect Wel Bate signed Sept 15 4

SEP 18 1946
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CEDTIFICATE OF DE

Frederick, Maryland

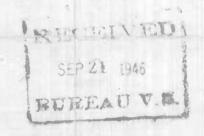


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County Frederick Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			State Maryland County Frederick		
			City or town (if outside city or town limits, write RURAL and give nearest town)		
Hospital Instituti	on, or street address where	death occurred: Hospital	Street No. 4 Center Street		
Frec	ierick city	Hospital	(If rural, give LOCATION)		
How long in hosp	ital or institution?	Day	2.(a) tf veleran, name war		
3.(a) FULL NAME ANNA CATHERINE KAUFMAN			3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F	W	M	20. DATE OF DEATH. September 18th 19 46 ,at 8:30		
6.(b) Name of husband or William C. Kaufman 6.(c) tf alive, give age. 79 7. Birth date of deceased (mo., day, yr.) July 2, 1868			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 / 10 19 / 19 / 19 / 19 / 19 / 19 / 19		
8. AGE: Years Months Days tf less than one day 78 2 16			Carcinoma Stomach: 6 mon		
9. Birthplace. Frederick-Frederick-Maryland (Town, county, and state)		ederick-Maryland	Bue to.		
			Bue to		
18. Usual occupa	At Home	evunty, and state)	Due to.		
11. Industry or b	ucinace		DUE 10.		
El 12 Name	Augustus K	ehne	Other conditions		
13. Birthplace Frederick County Maryland					
		(last name unknown)	(Include pregnancy within 3 months of death)		
E 14. maiden	Frederick	County Maryland	Major findings of operations		
≥ 15. Birthplac			Date of op.		
16. Informant William C. Kaufman			Autopsy results		
Address 4	Center St.	, Frederick, Maryla	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Saration of Saration of Saration (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery of Granulary Mount Olivet Cemetery			Where did injury occur?		
Frederick, Maryland			Injured at home, farm, industry, public place (where?)		
18. Funerat direc	MPP	tchison and Son	Msans of injury injured at work?		
Address Frederick, Maryland			- 23. SIGNATURE Bernard Humas J. M. D.		
0		00 0 1 1 0	73. SINNATURE.		

MARGIN RESERVED FOR BINDING

A15 SA



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-d

09017

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:	2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)
County. The County of the Coun	
City or lown (If outside city or town limits, write RURAL and give negrest town)	State Maryland County Prince George
(If outside city or town limits, write RURAL and give nesrest town)	City or town Mount Rainier
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:	Street No. 4609 27th Street
<u> </u>	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edward Pustare Kleinkauf &r.	717-10-4874
4. Sex 5. Color or race 6.(a) Single, married, widowed, or displiced	MEDICAL CERTIFICATION
male white manyil	
Male White Masnix	20. DATE OF DEATH Sept. 8 1946, 21 10:15 Am
10. +1 511. 20.1	
6.(b) Name of husband or wife Charles All Marie	21 CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to 19
7. Birth date of Q Q Q Q	and that I last saw him deed Sept. 8 19 46.
deceased (mo., day, yr.) / Cor. 9- /9/9	
8. AGE: Years Months Days If less than one day	
26 10nrs, min.	Clerebra! hemovrhage 5 minutes
9. Birthplace Sayre, Pennsylvania	Buoto Fracture middle cranial fossa.
(Town, county, and state)	
10. Usuat occupation Soldier : US- army	
1	Que to.
11. Industry or business	
E 12. Name Carr J. Alemsof St. 13. Birthplace	Other conditions
13. Birthplace	
m Maria Contraction	(Include pregnancy within 3 months of death)
= 14. Malden name // WWW / Dawn	Mr. C. P. A. and an
15. Birthplace	Major findings of operations.
2 D	- Date of op
18. Informant any Rezerds.	Autopsy results
Address Fort George S. Meade. Mel:	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
Remove Date thereof 9/ 10/46	Accident, suicide, or homicide. Accident Date of Sept. 8, Atb.
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide.
Cemetery or cremator Mickolas D. alteri. Fu. Home.	Accident, suicide, or homicide. Accident Date of Sept. 8, 1976. Where did injury occur? (City or town) (County) (State)
0 1 1/ 1	The state of the s
Location 3/4 Desmond M. Sayre; Pa.	Injured at home, farm, industry, public place (where?) Itiq hway U.S. 15
Hourand M. Blight .	Means of Injury Motor cy /ce accident Injured at work? No.
18. Punerat director XX	Bernard Thomas M.D.
Address 4914 Detain Road.	Dort La WHICH LE ZAMINE
1014 12 11 AN 1 VC.	23. SIGNATURE M. D. or other
19 Sept 13 1946 Blanche S. Eyler	The Donat Mid Sett. & 146
(Dat rec'd by registrar) Registrar	Address Oate signed



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 147-d)

CERTIFICATE OF DEATH

D	Dist	No
LCE.	Dist.	140

09018

	Neg. Diat. 10
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	2 1 0 0 1 1 1 1 1 1 1
City or town	12 h
How Jong In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 2 mi West Myersnille
	(If rurnl, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. bollor or race 6. (a) Single, married, wildowed, or divorced	wis
4. Sex 5. Golfer or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temsto Muly Maries	20. DATE OF DEATH & 19.4 6 at 8:45 0 m
6.(b) Name of husband or wife Estle Jewis	21. LCERTIFY that death occurred on the date above stated; that I ettended deceased from
6.(c) It alive, give age 3.5 years	19. K. 10. 50 19. 4-6
7. Birth date of deceased (mo., day, yr.) Thay 4, 1906	and that I les sow h examine on
8. AGE: Years Months Days If less than one day	Immediate cause of death
40 4// //hrsmin.	en res
Thereast walk Inden hed	Due to tralivery of full tem
9. Birthplace (Town, county, and state)	male della
10. Usual occupation. Domester	Due to
11. Industry or business Open Home	
12. Name Messe Smith 13. Birthplace Manyland	Dther conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Censie Mae Dusing	
14. Malden name ensuin Mael Dessing 15. Birthplace Maryland	Major findings of operations
1 7 1 18 ·· ·	Antopay results.
n	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mylrsnile Med	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory U. B. Cometers	Where did injury occur?
Location Clessant Walks	Injured at home, farm, Industry, public place (where?)
7 200 7 /2 200	Means of Injury Injured at work?
18. Funeral director	
Address Myersville, Med.	23. SIGNATURE TO V Staling M.
19 Sept. 16, 1946/19 Detail Bittle	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 5

SEP 18 1946 BUREAU V. B.

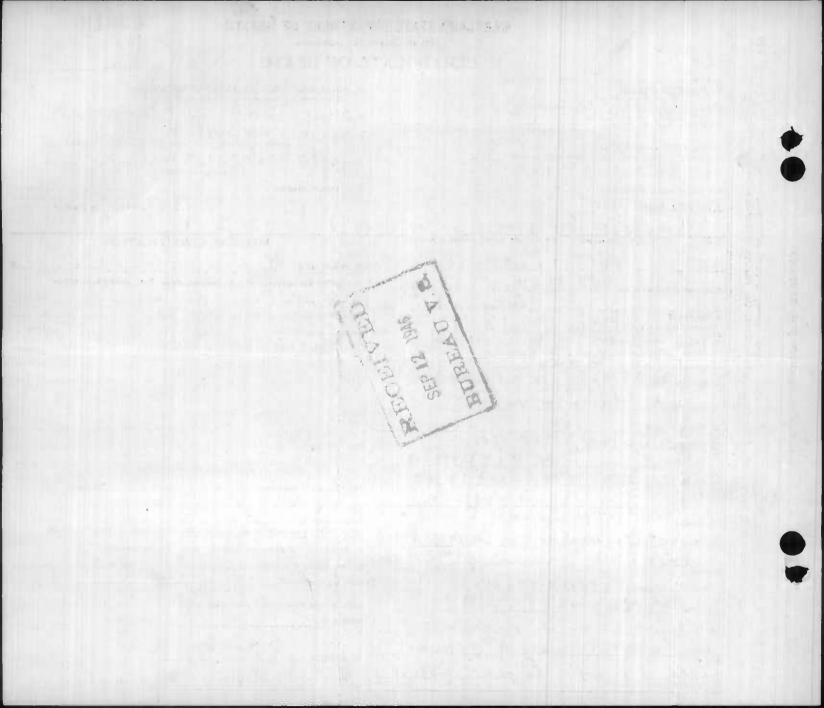
A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

	4 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother).
Brunswick	state Maryland county Frederick
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospiral, institution as street address where death occurred:	Street No. 408 Brunswick St.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Minnie Frances Brow	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Married	20. DATE OF DEATH September 8 19.46 at 12 word
8.(6) Namo of husband a wife WM. Henry Long	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5 4 5 19 46 10 SYX 8 19 46
7. Birth date of 2 12 1971	and that I last saw h. 9. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
75 6 26nrs. min.	Comment of the second of the s
9. Birthplace Duffields, Jef. Co. W. Va.	Due to
10. Usual occupation. House wife	
ID, USUAI OCCUPATION	Due to
11. Industry or business 12. Name John Brown	
E MINING WAINIA	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Collins 15. Birthplace Delaware.	Majar findings af operations
15. Birthplace De laware.	
16. Informant	Autapsy results.
Address to & Brumswick St. Shurrowell No	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Sept. 11, 1946	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (nonth) (day) (year)	Accident, suicide, or homicide
Cemetery or erematory	Where did injury occur?
Location Koxville, I'd	tnjured at home, farm, Industry, public place (where?)
18. Funeral director desse 5. Dailes	Means of Injury Injured at work?
Address 320 W. Potomac St. Brunsnick Mo	11 MaCarpenter
last 11 11 6 . Mrs 1	23. SIGNATURE M. D
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address to cellerally, or Date signed 9/9/46



MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411

N.	Charles	St.,	Baltimore	(13 8
				1

119022

23. SIGNATURE M. D. M. D

CERTIFICAT	TE OF DEATH	Reg. Diat. No	139
1. PLACE OF DEATH: County Frederick City or town. State Sana to ri um, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Since 5/11/46 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana tori um How long in hospital or institution? Since 5/11/46	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Waryland Co City or town Baltimore (If outside city or town limit Street No. 611 N. Pulas (If rural, give 2.(a) If veteran, name war.	usly write RURAL and give ne	arest town)
3. (a) FULL NAME Maurice E. Mason		3. (b) Social Security 213-07-85'	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL C 20. DATE OF DEATH September	ertification 30 19 46	3:401
6.(b) Name of Kasar wite. Addie Mason 7. Birth date of deceased (mo., day, yr.) March 7, 1892 8. AGE: Years Months Days It less than one day 54 6 23 hrs. min. 9. Birthplace Town, county, and state) 10. Usual occupation Carpenter 11. Industry or business 12. Name William E. Mason	21. I CERTIFY that death occurred on the date ab May 11	ulosia	301946 1946
13. Birthplace Baltimore, Md. Estelle Hipsley 15. Birthplace Baltimore County, Md. 16. Informant Deceased Address Tip known	(Include pregnancy within 8 Major findings of operations	which death should he charged	statistically.
Unknown (Burial, cremation, or removal, Which?) Cemetery or crematory. Unknown Unknown	Accident, suicide, or homicide	(County)	(State)
Location Unknown 18. Funeral director M. L. Creager & Son Address Thurmont, Md.	Injured at home, farm, Industry, public place (no Means of Injury 23. SIGNATURE	where?)	454

Registrar

oust year, well so have so let and the field a time . I salannia OCT 2 All the second s SCREAT OF . CHUSCOS L. HORBITAGE . ac appeared of the leaf . ST LEADING And , no Predict a secure

VS A15

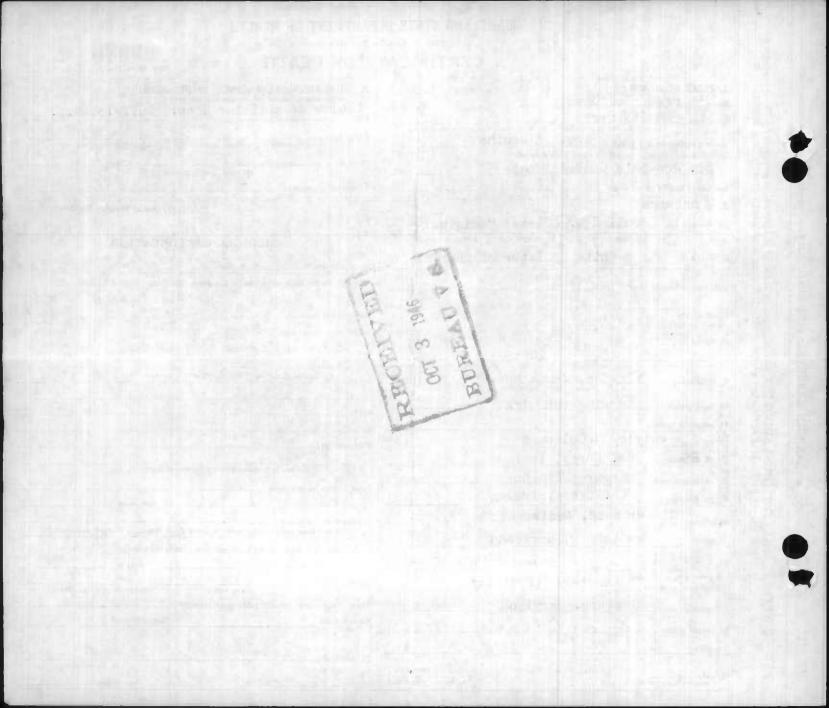
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

CERTIFICATE OF DEATH

090203 Reg. Dist. No.

1. PLACE OF DEATH: County Frederick County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Louise de Marillac Hosp. Buffalo, N.Y. State
3. (a) FULL NAME	3. (b) Social Security Number
Abigail McCullough, (Sister "emigius)	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Sister of Charity	20. DATE DF DEATH Seld - 12 46 21 940 A. M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19 4 6 and that I last saw h 12 alive on 2 8 11 15 6
deceased (mo., day, yr.) Fel. 9- 1861	Immediate cause of death Othaustine DURATION
8. AGE: Years Months Days It less than one day	Permentale cause of death with a format / you
9. Birthplace Brockton, Massachusetts (Town, county, and state)	Due to Carcinona Colivin Syr:
10. Useal occupation	Due to
E 12. Name. Patrick McCullough	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Donahue 15. Birthplace Co. Clare, Ireland	Major findings of operations
16. Informant Sister Rosa, Assistant	Autopsy results.
Address Emmitsburg, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof September 3,1946 (Byrial commation of removal Which?) (month) (day) (year) Cemetery (Private'	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Emmitsburg, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. S. L. allisan	Means of Injury Injured at work?
Address Eman Thetusa Md. C	23. SIGHATURE Morris a. Birily 211 D
19. Date red d by registrar) 19. Ho Wa J. Charge Registrar	23. SIGHATURE M. D. or other Address Thurward - M. D. are signed 9/1/4 4.6.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

09021

			131
Reg.	Dist	No.	TOT

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Dickerson-Rural R. F. D. #1	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 30 Years	Dickerson-Rural R. F. D. #1 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or sfreet address where death occurred:	Furnece Ford		
Furnace Ford	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) tf veteran, name war None		
3. (a) FULL NAME	3. (b) Social Security Number		
TERRENCE ALBERT McPHERSON	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W M	20. DATE OF DEATH 2014 17 1846 at 9.15A M		
8.(b) Name of two bend or wife Mary E. Murray	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	ars 19		
7. Birth date of deceased (mo., day, yr.) January 17, 1895	and that I last saw h. f		
8. AGE: Years Months Days If less than one day	Immediate came of death DURATION		
51 8 0hrsmi	n. Wad		
Nr. Leesburg-Loudoun-Virginia	Bue to.		
9. Birthplace			
1D. Usuel occupation	Due fo		
11. industry or business			
John W. McPherson 12. Name Loudoun County Virginia	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Malden name. Ora Gertrude Myers 15. Birthplace Loudoun County Virginia 18. Informant. Mrs. Mary McPherson	Major findings of operations		
15. Birthplace Loudoun County Virginia			
1B. Intermant Mrs. Mary Mcrherson	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address R.F.D.#1, Dickerson, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial (Burial, communication, second which) Bate thereof (month) (day) (year)	Accident, suicide, or homicide. Date of 9: 17: 46		
Cemetery of committee Mount Olivet Cemetery	FILAMORE FORD FILAMORE IN 19 CD.		
Frederick Manyland	Where did injury occur?		
	Means of injury 21/0 Ga. 8 Last Descripted at work?		
18. Funeral director M. R. Etchison and Son	1 Denty West		
Address Frederick, Maryland	23. SIGNATURE R.W. Bow Car		
1018 Sept 1946 Elizabeth & Heck	M. D. or other		
(Date rec'd by registrar) Registrs	Address Address Date signed		

SEP 21. 1946 BUREAU V.S.

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No.

09023

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Traderity	(For newborn infants give residence of mother)
(If outside city or town limits write RURAL and give nearest town)	Slate
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 13 East 4 - ST
13 East 4 - 21	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME addie amelia Stales	Roberts 3. (b) Social Security Number
4. Set 5. Color or raco 6.(a) Single, messled, wildowed, or divorced	MEDICAL CERTIFICATION
lenal while urdoned	20. DATE OF DEATH. Dept. 6 19.46, at 1/ H. M
8.(6) Nams of husband or wife Educated F. Moleculy 3	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyears	Dept 1 19 46 to day 6 19 46.
7. Birth date of	and that I last saw here alive on Digit.
deceased (mo., day, yr.)	Immediate cause of death
o. Auc.	A
90 1 3hrsmin.	Agreed of Trufficieny 310.
9. Birthplace M. Busaland Sown, county, and state)	Due to.
	T late t
10. Usual occupation	Dus to Merro A Currie With
11. Industry or business	Diese
12. Name John alfred Staley 13. Birtholace Frederilo Co Ma	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Iterrietta Shook) 15. Birthplace Fuduis Go Ind	Major findings of operations how
5 15. Birtholace Frederick Go md	Date of op.
Barle Malach	Antopsy results. Type .
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fudeung, Max	22. VIOLENCE: If death was due to external causes, fill in the following;
Burlal, cremation or removal, Which?) (Burlal, cremation or removal, Which?)	Accident, suicide, or homicide
not Olivert	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State) Injured at homo, farm, industry, public place (where?)
Location	Means of injury Injury Injury
18. Funeral director	mades of topoly
Address Frederick, Mrd.	a d. a Tearre h. D.
9 heart 11 60. 5.00 4 12 cl	23. SIGNATURE M. D. or other
19. Begistrer	Address Trudences 12 Bate signed 9/7/46

SEP 10 1946
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A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09024

/		Reg. Dist. No.
1. PLACE OF DEATH: County Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		State Maryland County Frederick City or Frederick (If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:		Sireel No. 59 South Market Street
Frederick City Hospital		(If rural, give LOCATION) None
How tong in hospital or institution? Since August	27, 1946	2.(a) If veteran, name war
3. (a) FULL NAME GEORGE RANDOLPH	MOBERLY	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(α) Single, married, w	dowed, or divorced	MEDICAL CERTIFICATION
M W	W	20. OALT OF TAXE September 9th 1946 at 11:151
6.(6) Name of Austrant or wife Mary Catherine	Barnes	21. CERTIFY that the nath occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) April 29, 1857	ve ageyears	and that I last saw h MAA alive on
o. Adu.	han one day	Immediate cause of death.
89 4 10	brs mln.	Ulemma loka
9. Birthplace Frederick-Frederick-M (Town, county, and state) 10. Usual occupation Retired	aryland	Due to Praincy notentions Due to Prostatic Inspertnofty Sugar
11. Industry or husiness		
12. Mame Lewis H. Moberly 13. Birtholace Frederick County N		Other conditions
13. Birthplace Frederick County M	laryLand	(Include pregnancy within 3 months of death)
E 14. Maiden name Catherine Shriner		Majer findings of operations.
15. Birthplace Frederick County M	laryland	Date of op.
15 Informant Mrs. Grace Wallace		Antoney results 11/10/4
Address 59 S. Market St., Fre	derick Md	privationally me and the sharp to solich death should be charged statistically
Runiel		22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cometion, or removal, Which?)	/12/46 nonth) (day) (year)	Accident, suicide, or homicide
Complex or avenue Mount Olivet Ce	metery	Where did injury eccur? (City or town) (County) (State)
Location Frederick, Mary	land	Injured at home, farm, Industry, public place (where?)
		Means of Injury Injured all work?
18. Funeral director. M. R. Etchison		THE VI
Address Frederick, Mary	land	23. SIGNATURE M. D. or other
19. 19 Sept 1944 Elizal	Il. y. Hech.	Address Frederick, Maryland Dale signed 9-10-46

SEP 17 1946

3. (b) Social Security Number

M. D. or other

Registrar

1. PLACE OF DEATH:

How long in above place of death?......





WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

PLEASE WRITE

(Date ree'd by registrar)

CERTIFICATE OF DEATH

2.(a) If veteran, name war

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Con in the state of the state o
State County Treasure
tout. Milla
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No
(If rural, give LOCATION)

Hospilal, institution, or street address where death occurred:				
How long in hospital or institution?				
3. (a) FULL NAME William J Monroe				
4. Sex Slack Single, married, widewed, or divorced Slack Single				
6.(b) Name of husband or wife				
7. Birth date of deceased (mo., day, yr.) Fat, 3 1893				
8. AGE: Years Months Days If less than one day 24				
9. Birthplace				
10. Usual occupation.				
11. Industry or business 12. Name Many Many 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
14. Maiden name Carrier 3rmm				
16. Informant My Carrline Monroe				
Address Monney, Md				
17 Burisl, cremation, or removal, Which?) Date thereof month (day) (year)				
Cemetery or crematory Tanana Thus Crana Canalan				
Location Location				
18. Funeral director				
9 9 8 41 Property				

(If outside city or town limits, write RURAL and give nearest town)

MEDICAL CERTIFICATION	,
20. DATE OF DEATH TERY 27 19.46	at 5 K
21. I CERTIFY that death occurred on the date above stated; that I attended de	27 19.56
	OURATION
Immediate cause of death Chronice my occupition	2 40
	- //
Due to	
Due to	••••
Other conditions arteria Activation With Mykentonion (Include pregnancy within 3 months of death)	5-yr.
Major findings of operations	
Date of op	*************************
Autopsy results	d statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide	
Where did injury occur?	(State)
Injured at home, farm, industry, public place (where?)	
Meens of Injury Injured at work?	

OCT 5 1946 BUREAU V.B.) 1. PLACE OF DEATH:

rederick

Hospital, institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 80-0

÷ 09026

None

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For oewborn infonts give residence of mother) State Maryland Frederick Frederick (If outside city or town limits, write RURAL and give nearest town)

142 West All Saint Street (If rural, give LOCATION)

None 3. (b) Social Security Number

142 West All Saint Street How tong in hospital or Institution?..... 3. (a) FULL NAME MARY FRANCES NICKENS 6.(a) Single-married, widowed, or divorced 6.(b) Namo of husband or Rev. R. L. Nickens 7. Birth date of September 10. 1886 deceased (mo., day, yr.) 8. AGE: Years If tess than one day 26 59brs. 8. Birthplace Centerville-Fairfax-Virginia (Town, county, and state) At Home 11. Industry or business Charles Brooks Fairfax County Virginia Frances Waldon Alexandria, Virginia Rev. R. L. Nickens Addres 142 W. All Saint St., Frederick, Mc Burial (Borial, cremation, or comoval, Walcar) (month) (day) (year) Baptist Cemetery Chantilly, Virginia M. R. Etchison and Son Frederick. Maryland Address

Frederick

(If outside city or town limits, write RURAL and give nearest town)

MEDICAL CERTIFICATION

20. DATE OF DEATH	September	6th 19 46	7:30
	occurred on the date above state 1944 2 alive on Segret		
and that I last saw h	vallye on Sex	F	19. L
	Eccuse Ol		DURATION
Due to			***************************************
Oue to			***************************************
Other conditions			***************************************
(Include	pregnoncy within 3 months	of death)	
Anjor fiedings of operati	0DL	***************************************	
		Date of op	
Antopsy resultsPHYSICIAN: Please ood	ertioe the cause to which dea	th should be charged a	datistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?(City or town) (County)

injured at home, farm, industry, public place (where?) ... Means of Injury

Frederick, Maryland

WRITE PLAINLY, is especially

PLEASE

RECEIVE

SEP 9 1946

BUREAU V 8.

VS A15

MA	RYLAND	STATE	DEPARTMENT	OF	HEALTE
171 AS	MILMIN	DIALE	DELAMINENT	VI.	

2411 N. Charles St., Baltimore 526)

CERTIFICATE OF DEATH

09027 Reg. Diat. No....

1. PLACE OF	Fred	erick		2. USUAL RESIDENCE (HOME) 0	F DECEASED: mother)		
County	Fred	ഷാ ക്	***************************************	Slate Maryland county Frederick			
City or tauer	(If ontside city or town	limits, write	KURAL and give nearest town)	City or to- Frederick (if outside city or town limits, write RURAL and give nearest town)			
Now long in above place of death? Lifetime Hospital, institution, or street address where death occurred:				(if outside city or town limits	s, write RURAL and give	nearest town)	
Hospital, Institution	126 W.	Chird S	St.	Street No. 126 W. Third	Street	• • • • • • • • • • • • • • • • • • • •	
		*****		(If rural, give 2.(a) If veteran, name war	LOCATION)		
	tat or Institution?	***************************************	***************************************	Z.(a) II veteran, name war			
3. (a) FULL N		ard New	wton Nusz		3. (b) Social Securi	ity Number	
4. Sax	5. Color or race	6.(a)Sies	ele, merried, wi dowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White	Max	rried	2B. BATE OF BEATH Sept. 1st.	19.440	5 at 2 Pa M	
	Eva	M. Dro	neburg	21. I CERTIFY that death occurred on the date abo			
6.(0) Name of Mg3	AME OF WILE		ΑE	10311	10 5267	155 1,46	
7. Birth date of		6.	(c) If alive, give age 65 years	and that I last saw h	67 ISM	19.5/.6	
deceased (mo.,	day, yr.) Decei	noer 2	2-19/0	Immediate cause of death & Lad			
8. AGE:	Years Months	Bays	If less than one day	to loureinoma			
7	5 8	8	hrsmln.	Bladden			
9. Birthplace	Frederick	Co. Md	•	Bue to Hamorh		71200	
a, antipiece	(Town	, county, and	state)	(intermillant)			
10. Usual occupat		to Col	irt	Due to.			
11. Industry or bu	siness						
当 12. Name	Hiram M.	Vusz		Bither conditions	*******************************		
12. Name	Ti A						
		v A. Me	oberly	(Include pregnancy within 8 r			
14. Malden n	ame			Major findings of operations		**********************	
			ick Co. Md.		Bate of op	*************	
18. Informanf	Mrs. Millar	i N. N	lsz	Autopsy results			
Address	126 W. Third	d St	Frederick, Md.	PHYSICIAN: Please underline the cause to wi		ged statistically.	
Burri a	1		Sept. 3-19/16	22. VIOLENCE: If death was due to external cau			
(Buriai, creme	Mion, or removal Which		meof Sept. 3-1946 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Mount Olivet Cemetery				Whera did injury occur?(City or town)	(County)	(State)	
Location	Frede	rick, l	Md.	Injured at home, farm, industry, public place (w			
	C.E.C	line a	nd Son	Meana of Injury	Injured at work?		
Address	Frede			23. SIGNATURE LL G. Bo	mened-		
3-80	pt 19 4 b	Ç	lichette & Hech				
(Date rec'd)	registrar)		Registrar	Address Fre Lecich	Dada sign	ned 9-3 44	

SEP 4 19 6

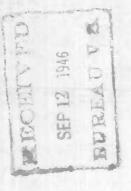
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			OBITA I TOIL	Reg. Dist. No
1. PLACE OF DE	Frede	rick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
/	Frede	rick		state Maryland county Frederick
Now long in above place	of death? Lif	etime	URAL and give nearest town)	City or term (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?				Street No. 518 N. Bentz Street
Frederick City Hospital				(If rural, give LOCATION)
How long in hospital or	r Institution?		day	2.(a) If veteran, name war. None
3. (a) FULL NAM	E			3. (b) Social Security Number
	Flor	ence	Emma Ogle	None
4. Ssz	5. Color or race		married, widewed, or divorced	MEDICAL CERTIFICATION
Female	Colored	Ma	rried	2D. DATE DF DEATH Spet . 10th. 19.46 3. A.
6.(b) Name of husband	Nath	naniel	B. Ogle	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) Mame of Husband			e) If allve, give age52years	
7. Birth date of				and that I last saw h. P. Ite on 19.
deceased (mo., day,		8-188	1 If less than one day	Immediate gause of death DURATION
O. AGE.				Burns of aut 2 7 h
57		2		The state of the s
9. Birthplace	Frederick	County and	Maryland	Bue to
	Day Tahr		pacey	
1D. Usual occupation.	· · · · · · · · · · · · · · · · · · ·			Due to
11. Industry or busines		no France		
12. Nama			**************************************	Other conditions
	Carroll			(Incinde pregnancy within 3 months of death)
# 14. Malden name.	Mary I	Illen I	aylor	Major fisdings of uperations.
14. Malden name.			ounty Maryland	Major insulage of aperausas
Mrs. Tris Armstrong				Autopsy results.
TO. SHIOLINGIA	rederick, l	***************************************	. 	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7.00.000	rederick, I		20.201/	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial	n, or someral. Which	Date ther	(month) (day) (year)	Accident, suicide, or homicide. a code Date of Sept 94
Cometery or cremetery Simpsons Chapel Cemetery				Where did injury occur?
Cametary or cremat	noam De	mlaw C	harings Md	Injured at home, farm, Industry, public place (where?)
Location	near, u	יייייייייייייייייייייייייייייייייייייי	prings, Md.	C . is Mad ail langs
18. Funeral director				Means of Injury Cylinder Means of Injury at work?
Address	Freder	ick, Mo		23. SIGNATURE STATEMENT BY
11 Dest	19 46	93	is abitle y. Heck	E. d. and
(Date rec'd by r			Registra	Address Date signed

A15 NS



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STHEBIRTH

Reg. Dist. No. 13

Birth and Seath

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

-	A certificate must be med within 21	
1.	PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
	2 Modonich a	State Maryland .
	County The densely less al	County Tredereck
	(If outside city or town limits, write RURAL and give nearest town)	Frankou !!
	Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give nearest town)
	merzenez Asspilal	Street No. 136 East.
	Length of mother's stay in County (How many years, or months, or dors, SPECIFY WHICH)	(If RURAL give LOCATION)
2	Name of child Saly Coliner	4. Date of birth Salet. 23, 19 46 Hour. 3 70 M.
5.	Sex Male 6. Twin or triplet.	7. No. of weeks pregnancy 28 weeks
0.	FATHER OF CHILD	MOTHER OF CHILD
0	Full name Proy Treew	12. Full maiden name Jouise Palmer
0.	Color of level 10. Age at time of this birth 33 yrs.	13. Color Colored 14. Age at time of this birth 3 yrs.
11	Usual occupation in Merchant Marine	15. Usual occupation Jactor worker
11.	Usual occupation	10. Osual occupation
16.	Other children born to mother (not including present child):): (a) How many children of this mother are now living?
	(b) How many other children were born alive but are now dea	ead?
17.	Did child die before labor? No During labor? No	21. Cause of stillbirth. Please be specific. For terms like
	Pregnancy, complications of	prematurity, asphyxia, etc., try to add cause thereof.
	1	(a) Fetal causes
19.	Labor: (a) Complications of	(b) Maternal causes Miliary Lubercles of
	(b) Induced?	placenta (Tuberchilos).
20.	(a) Was there an operation for delivery? (Yes or No)	2%. I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if any	Day 1 1 1 1 20
		Signature Servard Junio H. M. J. (Specify if M. D., midwife, or other)
	(c) Did child die before operation?	to lovely uldal
	During operation?	II Mulicipal All All All All All All All All All A
23.	(a) (b) Date thereof (b) 25 7916 (Burial, comation on removal)	25. (a) 25 Alex 1946 (b) Elicabeth 1. tlch. (Date rec'd bylvegistrar) (Registrar)
	(Burial, cremation or removal) (c) Cemetery or crematory. Montenue (day) (year)	26. (To be filled out if no physician was present at delivery.)
24.	(a) Funeral director	The above certificate has been examined by me.
	(b) Address ONDY LINE Dred-420 Mg	Health Officer, per
-		

SEP 28 1946
BUREAU V.S.

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2411 N. Charles St., Baltimore

2					-		
Qui.		Dist	0	0	31/3	7	
1	2	Dist	Ma	1 9	20.1	gi-	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Mary Land county Howard
Cily or (If outside city or town limits, write RURAL and give nearest town)	A Garage
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Frederick City Hospital	Street No.
Since Sept. 1st. 1946	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Richard Speneer Pindell	3. (b) Social Security Number 2 12-03-5-617
4. Sex 5. Color or race 6.(a) Single, married, widowad, or diverced	MEDICAL CERTIFICATION
male while married	2D. DATE OF DEATH Sept. 7 19.46, at 5 a. 1. M
6.(6) Name of mediand or wife sabel mc . Intash	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of F. R 1 C - 7 C	and that I last saw barran alive on Sayl. 7
deceased (mo., day, yr.) 3 20 (8) 18 29	Immediate cause of death
8. AGE: Years Months Days If less than one day	
67 6 20 min.	Christian of Signer A. 3 Mg.
9. Birthplace Fulton Howard Maryland (Town, county, and state)	Due to with hellstage.
10. Usual occupation. Sallaman	Due to
11. Industry or business Scolery	
E 12. Name Richard C. Pindell	Other conditions
\$ 13. Birthplace Fulton, maryland	(Include pregnancy within 3 months of death)
# 14. Malden name Fannie Benson	Major findings of operations Churc of Signaria with
15. Sirthplace Unknown.	Patrotises Date of op. 7/4/44
16. Informant I sabel mc Intosh Pinddl	Antopsy results. Please nuderline the cause to which death shoold be charged statistically.
Address Glenwood, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cassation or removal Whiteh)	Accident, suicide, or homicide
Cemetery or cremetery of Marks Olm.	Where did injury occur?
Location Tulloy, and:	Injured at home, farm, Industry, public place (where?)
18. Funeral director C. Harry Weer	Means of Injury Injured at work?
Address Sykesville, Mg.	a. a. Classe M. D.
19, Sept. 7th 1946 Eliabeth J. Heck. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Frederick, Waryland Date Signed 9-7-46
(Date ice d by registrar)	Wantess

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Coputs Frederick City or team. (If contains and your reasonables) Frederick Frederick	1. PLACE OF DEA	TH.			2. USUAL RESIDENCE (HOM	1E) OF DECEASED:	
Side. MRY STATE (If coultade city or twen limits, write RUHAL and give nearest town) (Sorte in above place of death). (Street in Assignation or street address where death occurred: 517 Elm Street (Bos long in hospital or Institution? 3. (a) FULL NAME HENRY BEESON RAMSBURGH 4. Sat 5. Color or race S. Color or race Mabel Kindley 6. (b) Name of hashed or write Mabel, increased, givered, married, gideweek, we directed from, day, ry). Been above place of death. 8. (c) If allers, name age. 8. AGE: Team Menths 59 9 3. Mr. 10. Buthplace Frederick County Maryland 10. Buthplace Frederick County Maryland 11. Industry or bainess, Ramsburgh 12. None Burial 13. Informan, Mrs. Mabel Ramsburgh 13. Informan, Mrs. Mabel Ramsburgh 13. Informan, Mrs. Mabel Ramsburgh 14. Middo ram. 15. Earth Maynard Mrs. Mabel Ramsburgh 15. Informan, Mrs	City or town limits, write RURAL and give nearest town)				(For newborn infants give residence of mother)		
Consider of the content of the con					1		
Street March Street St					City or town	VI limits, write RURAL and give nearest town)	
Solid Formal Solid Frederick Solid Frederi	Hospital, Institution, or s	street address where	death occurred	:	Street No. 301 West Se	cond Street	
Social Security Number None None Social	517 Elm	Street			(If run Non	al, give LOCATION)	
HENRY BEESON RAMSBURGH 4. Sex					2.(a) If veleran, name war.		
M W M M Solver race	3. (a) FULL NAME						
M W M 6.(b) Name of humber or wife Mabel Kindley 8.(c) If allive, give age 55 7. Birth fale of deceased (mo., day, yr.) 8. AGE: tears Months Days If less than one day 9 3 hrs. 9 3 hrs. 9 10. Usual occupation. 9. Birthplace Frederick—Frederick—Maryland 10. Usual occupation. 11. Indestry or business Ramsburgh Fertilizer Co. 12. Rams Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 14. Maddin name Eaura Maynard 15. Informant 16. Informant 17. Maddin name Eaura Maynard 18. Informant 19. V. Indestry or business Ramsburgh 10. Usual occupation. 10. Usual occupation. 11. Indestry or business Ramsburgh 12. Indestry or business Ramsburgh 13. Informant 14. Maddin name teat of death. 15. Informant 16. Indestry or business Ramsburgh 16. Informant 17. V. Indestry that death occurred on the date abars stated; that Latlended deceased from 19. V. Indestry Advanced Intention of the date abars stated; that Latlended deceased from 19. V. Indestry Advanced Intention of the date abars stated; that Latlended deceased from 19. V. Indestry Advanced Intention of the date abars stated; that Latlended deceased from 19. V. Indestry Advanced Intention of the date abars stated; that Latlended deceased from 19. V. Indestry Advanced Intentio							
8. (b) Name of harder or wife. Mabel Kindley 8. (c) If alive, give age 55 7. Birth date of deceased (no., day, yr.) 8. AGE: Years Months Days If less than one day 59 9 3 If less than one day 59 9 3 If less than one day 59 9 3 If less than one day 59 10. Usual occupation. President 11. Industry or business Ramsburgh Fertilizer Co. 12. Rame Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 15. Birthplace Frederick County Maryland 16. Informant Mrs. Mabel Ramsburgh 17. Birthplace Frederick County Maryland 18. Informant Date thereof. 9/28/46 19. County Maryland 19. Date thereof. 9/28/46 Actepsy results. Please suderline the casee to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: County occurry or removatory within 3 months of county occurry or county of the cause of the cause to which death should be charged statistically. 18. Funeral director. M. R. Etchison and Son Frederick, Maryland Address Frederick, Maryland 18. Funeral director. M. R. Etchison and Son Frederick, Maryland Address Frederick, Maryland 22. SIGMATURE. M. W. Baw M. D. or other	4. Sex	5. Color or race	6.(2) tingl	e, married, wid owed, or divorced			
8. (c) If alive, give age. 55 deceased (mo. day, yr.) December 23, 1886 8. AGE: Years So 9 3 It less than one day 59 10 It less than one day 59 9 3 It less than one day 59 10 It less than one day 50					20, DATE OF DEATH Sept	ember 26, 1946 al 8:45P	
8. (c) If alive, give age. 55 deceased (mo. day, yr.) December 23, 1886 8. AGE: Years Months Days It less than one day 59 9 3 It less than one day 6. Birthplace Frederick—Frederick—Maryland 7. Town, county, and state) 7. Birthplace President 7. Industry or business Ramsburgh Fertilizer Co. 7. Birthplace Frederick County Maryland 8. Informan Mrs. Mabel Ramsburgh 7. Birthplace Frederick County Maryland 8. Informan Mrs. Mabel Ramsburgh 8. Informan Mrs. Mabel Ramsburgh 8. County Maryland 8. Informan Mrs. Mabel Ramsburgh 8. County Maryland 8. Informan Mrs. Mabel Ramsburgh 8. County Maryland 8. Informan Mrs. Mabel Ramsburgh 9 28 46 8. AGE: Years Months Days Maryland 8. Informan Mrs. Mabel Ramsburgh 9 28 46 8. AGE: Years Months Days Maryland 8. Informan Mrs. Mabel Ramsburgh 9 28 46 8. AGE: Years Months Days Maryland 8. Informan Mrs. Mabel Ramsburgh 9 28 46 8. AGE: Years Months Days Maryland 8	6 (h) Name of husband	Mabe	l Kind	lley			
1. Birth date of deceased (mo. day. yr.) 8. AGE: Years Menths Days If leas than one day 9. Birthplace Frederick-Frederick-Maryland 10. Usual occupation. President 11. Industry or business Ramsburgh 12. Rame. Frederick County Maryland 13. Birthplace Frederick County Maryland 14. Maiden name. Baura Maynard 15. Birthplace Frederick County Maryland 16. Informani Mrs. Mabel Ramsburgh 17. Burial Date of op. 18. Informani Mrs. Mabel Ramsburgh 19. Semetary or removal. Winder 10. Usual occupation. Prederick Md. 11. Burial Date of op. 12. Prederick Maryland 13. Birthplace Frederick Maryland 14. Maiden name. Date of op. 15. Informani Mrs. Mabel Ramsburgh 16. Informani Mrs. Mabel Ramsburgh 17. Burial Custoff Gustoff 18. Function Prederick Maryland 19. Semetary or removal. Winder 19. Cometery or removal. Winder 19. Cometery or removal. Winder 10. Usual occupation. Prederick 11. Sirthplace Frederick 12. Violence Gustoff 13. Birthplace 14. Maiden name. 15. Informani Date of op. 16. Informani May 17. Burial 18. Informani May 19. Cometery or removal. Winder 10. Usual occupation. 10. Usual occupation. 11. Author name. 12. Violence 13. Birthplace 14. Maiden name. 15. Information 16. Information 16. Information 17. Cometery or removal. Winder 18. Information 19. Cometery or removal. Winder 20. Violence 21. Cometery or removal. Winder 22. Violence	O. Co. Hanne of miles of		R (4	e) If allye, give age 55	7 Ru	19-3 4 , to 26 19 FG	
S. AGE: Years Months Days If less than one day 59 9 3		Dagomi			and that I last saw halive on		
9. Birthplace (Town, county, and state) 10. Usual occupation. President 11. Inductry or business Ramsburgh Fertilizer Co. 12. Rame. Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 14. Maiden name. 15. Birthplace Frederick County Maryland 15. Informani. Mrs. Mabel Ramsburgh 16. Informani. Mrs. Mabel Ramsburgh 17. Linductory or temporal. Wincent Maryland 18. Informani. Date thereof. 9/28/46 19. Burial Date thereof. 9/28/46 19. Burial Date thereof. 9/28/46 19. Cemetery or ecomostary. Mount Olivet Cemetery Comonth (day) (year) 19. Frederick, Maryland 19. Signature. M. R. Etchison and Son 19. Frederick, Maryland 19. Address Frederick, Maryland 19. Options M. D. or other M. D. or other M. D. or other					Immediate cause of death	on Clarence of DURATION	
10. Usual occupation. President 11. Industry or business Ramsburgh Fertilizer Co. 12. Rame Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 14. Maiden name. 15. Eirthplace Frederick County Maryland 16. Informan. 17. Mrs. Mabel Ramsburgh 18. Informan. 18. Informan. 19. 2nd St., Frederick, Md. 19. Burial 19. 2nd St., Frederick, Md. 19. Burial 19. 2nd St., Frederick, Md. 19. Burial 19. 2nd St., Frederick, Md. 19. 2nd St., Frederick, Maryland 19. 2nd St., Frederick, Maryland 19. 2nd St., Frederick, Maryland 19. 2nd St., Maryland 20. 3nd St., Maryland 21. Signature. 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 23. Signature. 24. Signature. 25. Signature. 26. Signature. 26. Signature. 27. W. Baw. M. D. Or other	59					and the second	
10. Usual occupation. President 11. Industry or business Ramsburgh Fertilizer Co. 12. Rame Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 14. Maiden name. 15. Eirthplace Frederick County Maryland 16. Informan. 17. Mrs. Mabel Ramsburgh 18. Informan. 18. Informan. 19. 2nd St., Frederick, Md. 19. Burial 19. 2nd St., Frederick, Md. 19. Burial 19. 2nd St., Frederick, Md. 19. Burial 19. 2nd St., Frederick, Md. 19. 2nd St., Frederick, Maryland 19. 2nd St., Frederick, Maryland 19. 2nd St., Frederick, Maryland 19. 2nd St., Maryland 20. 3nd St., Maryland 21. Signature. 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 23. Signature. 24. Signature. 25. Signature. 26. Signature. 26. Signature. 27. W. Baw. M. D. Or other	Fred	erick-F	rederi	ck-Maryland	Busin Chronic, 1	my remelities "	
11. Industry or business Ramsburgh Fertilizer Co. 11. Industry or business Ramsburgh 12. Name Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 14. Malden name Laura Maynard 15. Birthplace Frederick County Maryland Major findings of operations Mrs. Mabel Ramsburgh Major findings of operations Major find	9. Birthplace	(10Wn	, county, and i	tate)			
Henry B. Ramsburgh 13. Birthplace Frederick County Maryland 14. Maldon name Laura Maynard 15. Birthplace Frederick County Maryland 16. Informani. Mrs. Mabel Ramsburgh Address Ol W. 2nd St., Frederick, Md. Burial Bate thereof. 9/28/46 (Burial, overmation, or removal, Whiten) Cemetery or eventual, Whiten) Cemetery or eventual, Whiten, or removal, Whiten,					Due to Ay perla	· · · · · · · · · · · · · · · · · · ·	
14. Maldon name. 15. Birthplace Frederick County Maryland 16. Informant Mrs. Mabel Ramsburgh Address Ol W. 2nd St., Frederick, Md. 17. Burial (Burial, commention, or removal, Which) Cemetery or exemplacy Mount Olivet Cemetery Location Frederick, Maryland 18. Funeral director M. R. Etchison and Son Address Frederick, Maryland 18. Funeral director M. R. Etchison and Son Address Frederick, Maryland Address Frederick, Maryland 19. Signature Maynard (Include pregnancy within 3 months of death) Major findings of operations. Major findings of o	11. Industry or business	Ramsbur	ghFert	ilizer Co.			
Laura Maynard 14. Maiden name 15. Birthplace Frederick County Maryland 16. informani Mrs. Mabel Ramsburgh Address 301 W. 2nd St., Frederick, Md. Burial 17. Burial 18. Etchison and Son 18. Funeral director M. R. Etchison and Son Address Frederick, Maryland 18. Funeral director Frederick, Maryland 19. Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Actions provided in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: What did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major findings of operations. Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (County) (State) Might provided the provided in the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (County) (State) Might provided the provided in the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (County) (State) Might provided the provided in the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (City o	12. Rame Hen	ry B. R	amsbur	gh	Diher conditions		
14. Maiden name. 15. Birthplace Frederick County Maryland 16. informani. Address 301 W. 2nd St., Frederick, Md. 17. Burial (Burial, overnation, or removal, Which) Cemetery or exemples. Major findings of operations. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged statistically. Major findings of operations. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged statistically. Actors of provided the cause to which death should be charged the cause to which de					/Include progrency w	oithin 2 months of death)	
Mrs. Mabel Ramsburgh Address Ol W. 2nd St., Frederick, Md. Burial (Burial, overnation, or removal, Whien?) Cemetery or stemalory Frederick, Maryland Location M. R. Etchison and Son Address Frederick, Maryland M. R. Etchison and Son Address Frederick, Maryland M. R. Etchison and Son Address M. D. or other M. D. or other	14. Maldon nama	Laura M	aynard		Major findings of operations.		
Address 301 W. 2nd St., Frederick, Md. Burial (Burial, overnation, or removal, which of the following: Cemetery or eremalary Frederick, Maryland Location M. R. Etchison and Son Address Frederick, Maryland Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause of which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause of which death should be charged statistically. PHYSICIAN: Please underline the cause of which death should be charged sta	15. Birthplace F	rederic	k Cour	ty Maryland			
Address 301 W. 2nd St., Frederick, Md. Burial Burial		. Mabel	Ramsh	urgh	Antoney results		
Burial Comparison				ederick. Md.	PHYSICIAN: Please underline the cau	se to which death should be charged statistically.	
Cemetery or eremalory Mount Olivet Cemetery Frederick, Maryland Location M. R. Etchison and Son Address Frederick, Maryland 23. SIGNATURE M. D. or other	Punt of	12-12-12-12-12-12-12-12-12-12-12-12-12-1		9/28/46			
Frederick, Maryland 18. Funeral director. Addross Frederick, Maryland 19. Frederick, Maryland 10. Frederick, Maryland 10. Frederick, Maryland 23. Signature. M. D. or other					Accident, suicide, or homicide	Date of	
18. Funeral director. Addross M. R. Etchison and Son Means of Injury M. D. or other	Cemetery or eremator				Where did injury occur?(City or	r town) (County) (State)	
18. Funeral director. Addross M. R. Etchison and Son Means of Injury M. D. or other	Location	Frede	rick,	Maryland	Injured at home, farm, Industry, public	place (where?)	
Addross Frederick, Maryland 23. SIGNATURE M. D. M. D. or other		M R	Etchi	son and Son	Means of Injury	Injured at work?	
23. SIGNATURE M. D. or other			****************	***************************************	D	O. Basal W.	
	Addross	1-	10	1. 1 00 10 11 0	23. SIGNATURE		
(Date rec'd by registrar) Registrar Address Date signed Date sign	19. 27- Dep	19.45		is abite J. Heck.	Frederick, N		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (994)

1		0	Ole	a)	14
Rog.	Diat.	No.	JI	9)	A

1. PLACE OF DEATH: Frederick				(For newborn infanta give residence of mother)		
Frederick				State Maryland county Frederick		
City of few (If outside sity on town limits, write RURAL, and give morest town)			URAL and give nearest town)	Braddock Hei	/	*********************
tow long in above place of death? Lifetime			9	(If outside city or town limit	s, write RURAL and give near	est town)
Hospital, institution, or						
	Frederic	k City	Hospital	Streel No	e LOCATION)	
How long in hospital or	lactilution?	t	wo weeks	2.(a) If veteran, name war None		
				Z.(a) it resease, state of a second		
3. (a) FULL NAME		DIRO	WILLIAM DEMANDED		3. (b) Social Security 1	lumber
	CHA	RLES	HENRY REMSBERG		NONE	
4. Sax	5. Color or race	6.(a)\$ings	married, widewed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	3.6	arried	Sent 3	1.6	4.7EA
MGTG	WILL OF	YAT	arried	20. DATE OF DEATH Sept.		
6,(b) Name of humining	or wile Harr	iet Gr	osh	21. I CERTIFY that death occurred on the date at		
			62?	qua 39 19	Y 6 10 000	187 6
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw hearthalive on	est UI	19.4.6
deceased (mo., day, y	marc Marc	h 6-18	75	Immediate cause of death	//	OURATION
8. AGE: Years	Months	Days	if less than one day	0//		
71	5	25	min.	Cheoner Wes o	carles	00000000000000000000000000000000000000
E-	rederick C		honer and		••-••	***************************************
9. Birthpiace	(Town.	county, and	Mat ytanu	Due to		***************************************
	Retire			•••••••••••••••••••••••••••••••••••••••	***************************************	M • • • • • • • • • • • • • • • • • • •
10. Usual occupation	TT4 mln C	-h7		Due 10		• • • • • • • • • • • • • • • • • • • •
11. Industry or business				0		
12. Name	Henry C.			Other conditions	***************************************	***************************************
13. Birthplace	Frederick	Count	y Maryland			
8	Mahala	Kefau	ver	(Include pregnancy within 3	months of death)	
14. Maiden nama		******************	***************************************	Major findings of operations		
2 15. Birthplace	Freder	ick Co	unty Maryland	***************************************	Oale of op.	
16. Informant Ge	erald G. R	emsher	g	Antopsy results.	-	*******************
				PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
	JU W. Zna.		rederick, Md.	22. VIOLENCE: If death was due to external co	uses, fill in the following:	
Burial		Gate ther	sept. 4-1946			
Burial (Burial, cremoval, Which) Oate thereof (month) (day) (year)				Accident, suicide, or hamicide		
Comelery or economic Reformed Cemetery				Where did injury occur?(City or town)	(County)	(State)
Location	Middle	town,	Md.	Injured at home, farm, industry, public place (
18. Funeral director. C.E. Cline and Son				Meana of Injury	injured at work?	
Dec last de Mi				(Mest	100.	
Address		0	· 1 1 1 1	23. SIGNATURE	Wea 6	or other
193 Sept	1946		by abette J. Heck.	706 0	07/1	
19, 3 Sept 19 46. Chy abelly 3. Heck. (Date rec'd by registrar) Registrar				Address	Date signed	

SEP 5 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Tiomanille	State West Virginia County		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Sleepy Creek		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
Riggs Cottage Sanitarium	(If roral cive LOCATION)		
How long in hospital or institution, Since August 22, 1946	2.(a) If veteran, name war None		
3. (a) FULL NAME Tennie V. Silven	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W S	20. DATE OF DEATH S 19 15 18 18 21 7, 15 P 18		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of bushand or wife	19		
7. Birth date of Sont on the Sont of Sont on the Sont	and that I last saw help alive on the total the total and that I last saw help alive on the total and the total an		
deceased (mo., dey, yr.) September 1, 1920	Immediate cause of death		
8. AGE: Years Months Days If tess than one day	auby kralidu 3		
26?nin.	be have me		
9. Birthplace West Virginia	Due to		
	munde:		
10. Usual occupation. At Home	Due to huge		
11, Industry or basiness			
E 12 Nama Howard Silver	Other conditions		
13. Birthplace Morgan County West Virginia			
Ada Payme	(Include pregnancy within 8 months of death)		
	Major findings of operations.		
15. Birthplace Morgan County West Virginia	Date of op.		
16. Informan Riggs Cottage Sanitorium Records	Autopsy results.		
Address I jamsville, Maryland	PHYSICIAN: Please underline the cause te which death should be charged statistically.		
1 1	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal. Which?) Date thereof. 9/16/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Sleepy Creek Cemetery	Where did injury occur? J. (City or town) (County) (Seate)		
Sleepy Creek. W. Va.	Injured at home, farm, industry, public place (where?)		
M. R. Etchison and Son	Means of tnjury land the tnjured at work?		
18. Funeral director	1) Donity wed		
Address Frederick, Maryland	as souther New Bose Ex.		
"IN Sent 10 Hh Lucian K. Falconer	23. SIGNATURE M. D. or other		
19. La	Address Freduce 1 19. Bata signed 9.13. X6		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09033

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Chy or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name wer.		
3. (a) FULL NAME mary Esther	Smith 3. (b) Social Security Number		
4. Sex 5. Color or race 6. Dungle, merried, widowed, or directed Hidowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 2 6 19 46 81 6,00 A		
8.(6) Name of husband occur. M. S. Smith 7. Birth date of deceased (mo., day, yr.) Gugust 19-1889	21. I CERTIFY that death occurred on the date above stated: that I etfended deceased from 15.45, to 19.45 and that I last saw h		
8. AGE: Years Months Days II less than one day 57 / 7	Due to Mignie Mysterials		
10. Usual occupation	Due to		
14. Malden neme Bettly Jane ! myers 15. Birthplace Leesburg - Virginia 18. Informant mus, marke the klocked	(Incinde pregnancy within 3 months of death) Major findings of operations		
Address Fullenck- M	22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location I mile West of Frederick 19. 18. Funeral director. C. E. Cline and Low Address Frederick - Inch. 19. 27 - Dept 19. H. Chipabette J. Heck.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured et work? 23. SIGNATURE M. D. or other Address Address		

HEADO SOSTEADOR STATE MARCHAM

SEP 28 1946

SEP 28 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-2)



CERTIFICATE OF DEATH

09034

1. PLACE OF DEATH: FOR DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County To Donald	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	Gilly of too Frederick
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 2. 1. Wilson are
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olevia alberta	I mith none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white married	20 BATE OF DEATH September 19 1946 21820 A. M.
Bloomers & L. ithis	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife:	1 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of Second	7 , 4
deceased (mo., day, yr.) March . 13 - 1872	and that I tast saw h
8. AGE: Years Months Days If less than one day	Immediate stuse of deathy
0. Add.	array / austrage says
74 6 6	
8. Birthplace Frederick Co. Md.	Due to Mexitoureau - extens 10 413.
(Town, county, and atate)	Lelevais
10. Usual occupation Housewife	B - 1.
11. Industry or business	Due to
12. Name Edward & Jucker 13. Birthplace Laudity) Co. Va	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name Sally & Mull 15. Birthplace Soudow Co. Wa	
[5] Jak	Major findings of aperations.
\$ 15. Birthplace Saulaw Co //a	Oate of op.
16. Informant Narvey C. Smille	Autopsy results
Address 27 Wilson are Frederick Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audiess A Could be a could be a could	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cromation, granded, Which?) (Burial, cromation, granded, Which?)	Accident, suicide, or homicide
not Minet Constant	Where did injury occur?
Cemetery or erealter)	Where did injury occur?
Location trederick Maryldud	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. E. Cline & Soul	Meens of Injury Injured at work?
7 . D O. 20 ()	Wales S
Address Frederick Maryland	23 SIGNATURE NYTHERE MY
1. 91- Sent will Elizabeth ly Hoch	L.D. or other
(Date rec'd by registrar)	Address Date Standard 1 4 6



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MARYLAND STATE DEPARTMENT OF HEALTH

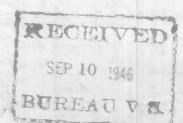
2411 N. Charles St., Baltimore 30-0

09035

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Zuld County Fred.
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 30 yrs.	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occupied:	Street No. West J. St.
	(If rural wife LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles 4. Sin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorged	MEDICAL CERTIFICATION
male Col. manied	20. DATE OF DEATH. 4 September 10 46 01 600
5.(b) Hame of husband or wife. Mal Junipson	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(c) If alive, give age 47 ye	ears deligned 18 to 10 F Sipplealer 18 4
7. Birth dale of deceased (mo., day, yr.) March 24 1889	and that I last saw h
B. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
57 5 10 hrs.	
21/2	
9. Birihpiace	Due lo.
1D. Usual occupation. Laborer	***************************************
	Oue to.
11. Industry or business	- Diggs
12. Name Jakul Co Swelher	Other conditions Califellar accept
	(Include pregnancy within 3 months of death)
14. Maiden name Julia a. Howard.	
14. Maiden name Julia a Howard.	Major fiadings of operations.
ma man those	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Brunswick Mid	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Busial Dale Thereol Slepte 7 194	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (minth) (day) (year)	
Cemetery or crematory	Where did injury occur?(City or town) (County) (State)
Location Della Della Manual Control Co	injured al home, farm, Industry, public place (where?)
18. Funeral director C. F. H. Butter & Bro	Means of Injury Injured at work?
n - sn	
Address Musikalivees alla-	23. SIGNATURE Associated Schooling to A
10 Sept 6 1946 Kalhryn N. Bro	M. D. or other



Physicians: please

important.

PLAINLY, V is especially

WRITE

PLEASE

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age

1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

8.(b) Name of husband or wife

deceased (mo., day, yr.)

4. Sex

Hospital, Institution, or street address where death occurred:

homas 5. Color or race

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

_	
-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	City or town
١	Street No
l	2.(a) If veteran, name war
1	2.(a) 11 teteran, name war

(II	rural, give LOCATION)
2.(a) If veteran, name war	
lyen	3. (b) Social Security Number
7	220-01-631
	CAL CERTIFICATION
20, DATE OF DEATH Sau	7 25 1946 118201
	tho date above stated; that I attended decoased from
and that I last saw h/M . Sive o	ad 18 10 19 19 19 19 19 V
	DURATION
of veel	Twowel Thursday
Duo to	96
(Include pregnanc	y within 3 months of death)
Major findings of operations	
0	
Antoney results	

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County)

(State)

M. D. or other

(Uty or town)

Where did injury occur? Le

Registrar

Address

injured at home, farm, industry, public place (where?)

If less than one day 8. AGE: Years 9. Birtholace 1D. Usual occupation... 13. Birthplace 14. Malden name 15. Birthplace 18. Informant MA Address mouth) (day) (year) (Burial, cremation, or removal, Which? Cemetery or cremators

(If outside city or town limits, write RURAL and give nearest town)

Stoth

6.(a) Single, married, widowed, or divorced

VS A15

RECEIVED

OCT 2 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

	A Committee of the Comm
1. PLACE OF DEATH: Tredericle	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn Macta give residence of mother)
- tradamak	sigted Maryland comety Tredereste
(If outside city or town limits, write RURAL and give nearest town)	Moul Pleased
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
merques Frostal	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6. (a) Single, magried, widowed, or divorced	MEDICAL CERTIFICATION
Thate White Swored	20. DATE DE DEATH September 19 18 46 at 5 For
8.(b) Name of hyotratte or wife adelaide Recliseds	21. I CERTUP that death opened on the date above stated; that I aftended deceased from
7. Birth date of	and that I just saw hold dealing on Shape State Co. 19, 1846
deceased (mo., day, yr.) October 28, 181	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Arteris - sclaratic Carlis - vascular 5 years
74 10 min.	bilasl /
9. Birthplace Tealret Many Maryand (Town, county, and path)	Due 10
10. Usual occupation Tarker	
11. Industry or business	Due to
	Dther conditions.
12. Name Unbnow-Seemswers 13. Birthplace Wylamow	
	(Include pregnancy within 8 months of death)
6 0 1/11 10 000000	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant	Autopsy results
Addings: Mergeller Hopela Cham, and	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Gurial, exemption, expenses of Windows) (Burial, exemption, expenses of Windows) (Burial, exemption, expenses of Windows)	Accident, suicide, or homicide
man la later	Where did labory occur?
Cemetery or crematory	
Location Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director Deallell Conepanie	means of injury injured at works
Address Meddletnen, Med!	23. SIGNATURE / Bernard Shomas Jr. M.D.
19. 23 dest. (Date rec'd by registrar) Registrar	Address Frederick Md. Date signed 9/21/46
,	Management of the second of th

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 25 1946
BUREAU V B.

personal to the material of the control of the cont

THE PERSON AS ON DESCRIPTION

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

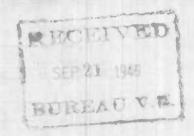
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183) CERTIFICATE OF DEATH

× 09038

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give residence of mother)	
County Added the form	State Anassiguad County The Alexander	
City of tout (If outside city or town limits, write RURAL and give nearest town)	City or tea (If outside city or town limits, write BURAL and give nearest town)	
How long in above place of death?		
Hospital Institution, of street address where death opeurrod:	Street No. 28 East There	
Fair Ground Voad	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) if veteran, name war.	
3. (a) FULL NAME Maurice Luther	Trotell . 3.(b) Social Security Number 214-10-1373A.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Single.	20. DATE OF DEATH Sept 17 19.46 21 8 18	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above atated; that I attended doceased from	
	19	
7. Birth date of 7. Bir	and that I last aaw h	
deceased (mo., day, yr.) March 17, 1873	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Ammediate Cause of dearm	
7/ 6hrsmin.	Downie Stern	
8. Birthplace (Town, county, and state)	Bus to	
De		
10. Usual occupation.	Due to	
11. Industry or business Salesman		
12. Name Samuel J. Thotall 13. Birthplace Staceham, Ind.	Other conditions	
13. Birthplace Traceham, Md.	(Include pregnancy within 3 months of death)	
# Clin leth Collistances		
14. Malden name	Major findings of operations.	
E 15. Birthplace Traceham, Ind.	Qate of op.	
may Jahre Oak.	6.1	
16. Informant	Autopsy results	
Address Thurmout, And.		
() Lest 20 1911	22. VIOLENCE: 11 death was due to external causes, fill in the following:	
(Burial, exemation, exempted, Winteht)	Accident, suicide, or homicide	
Estate of the second	Where did injury occur? (City or town) (County) (State)	
Cemetery or erematory.		
Location Isaachana Md	Injured of home, farm, industry, public place (where?)	
LUCATION A P A	Means of Injury D trijured at work?	
18. Funeral director. And John Literature Local	a Dunday	
Thurs of mil	Dilli Bi. Dind Ex	
Address Musmoul Mid.	23. SIGNATURE M. D. or other	
19 hent all blackets 4 tech.	6.1.4	
(Date rec'd by registrar) Registrar	Address	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

1. PLACE OF DEATH: The de lunde	2. USUAL RESIDENCE (HOME) OF DECEASED: (For gewborn infants give residence of mother)	
County	State Mary Lemel county + rederule	
(If outside city or town limits, write RURAL and give nearest town)	Fudwiller OFA 5	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred	Street No.	
1 Killiani Vin VI Dogini	(Af rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
100. Mary C. Wallelle	NONE	
4, Sex 5, Color or race 6.(a) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION	
Temous Hute (/ Married)	20. DATE OF DEATH DEST. 2 9 18 46 1/2 3 M	
Kighand ld Mallare	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or write.	august 2 0.1946 10 Suft 29 19 4 6	
7. Birth date of Salar S	and that I last saw har alive on Story 24 19 4 b	
deceased (mo., day, yr.)	Immediate cause of death	
o. Aul.	Cente mocardilos Chreeks	
55 / 2 / 6 hrsmln.		
9. Birthplace T. Helletter T. Letter (Town, county, and state)	Due to	
10. Usual occupation. I temperature.	Due fo	
11. Industry or business		
= 12. Name 6 dward of leg Wells	Other conditions	
12. Name & d.W.W.W.W. & Ly W. W.W.W. & Ly W.W.W.W. & Ly W.W.W. & Ly W.W. & .	(Include pregnancy within 3 months of death)	
14. Malden name Mayy C. S. words		
I I I MAIN MAIN	Major findings of operations.	
1 15. Birthplace		
16. Informant	PHYSICIAN: Please naderline the cause ta which death should be charged statistically.	
Address Tudulik, MW 1705	22. VIOLENCE: If death was due to externat causes, fill in the following:	
17. Outhall Date thereof Olt 24.1946	Accident, suicide, or homicide	
(Burial, comation, or removal, Which?)	Moderni, and and	
Cemelery or cremetury	Where did injury occur? (City or town) (County) (State)	
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director Scholard Co.	Means of Injury Injured at work?	
Address Mighthery Me	B1721	
Cotto Williams	23. SIGNATURE M. D. or other	
19. — 19 tb	Address Indirect mo Date signed 19/46	



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

(19(141) Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Frederick-Rural R. F. D. #1 (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Frederick Mount Airy (If outside city or town limits, write RURAL and give nearest town)	
How tong in above place of death? Hospital, institution, or street address where death occurred: I O O F HOMO				(If outside city or town fimits, write RUR Sireel No	
Now long in hospital or institution? Since February, 1946			bruary, 1946	2.(a) If veleran, name war. None	
3. (a) FULL NA			INIA WILSON		ocial Security Number
4. Sex	5. Color or race	6.(a)Single	s, married, widowed, or diversed	MEDICAL CERTIFIC	CATION
F	W	S		2D, DATE DF DEATH September 3	3, 1946 al 2:20Pm
	nd or wife			21. I CERTIFY that death occurred on the date above slated: th	al Lultended deceased from
7. Birth date of deceased (mo., day, yr.) June 22, 1869			s) If allve, give ageyears 369	and that I last saw h dailye on the last saw h daily the last saw h dailye on the last saw h dai	tion of DURATION
	ars Mooths	Days	If less than ooe day	Immediate cause of death	48 Races
1	77 2	11.			
8. Birthplace Nr. Mount Airy-Frederick-Md. (Town, county, and state)				Due ta 6 krone myores	rditis 1 geas
10. Usual occupation At Home			•••••••••••••••••••••••••••••••••••••••	Bue to	
11. Industry or business 12. Name. Henry B. Wilson					
Henry B. Wilson 13. Birthplace Frederick County Maryland			nty Maryland	Bther conditions	
14. Maiden name Martha L. Watkins			tkins	(Include pregnancy within 3 months of de	
E 15. Birthplace	Frederic	k Cour	nty Maryland	Major findings of operations.	
14. Malden name. Martha L. Watkins 15. Birthplace Frederick County Maryland 16. Informant I. O. O. F. Home Records			Records	Autopsy results	-11 to all and a statistically
Address R.	F. D. #1	, Fred	lerick, Md.		
17. Burial Bate thereof 9/5/46 (month) (day) (year)			9/5/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the Accident, suicide, or homicide	
Cemetery or cremetery Prospect Cemetery			netery	Where did injury occur?	County) (State)
Locallon Near Mount Airy, Maryland			aryland	Injured al home, farm, Industry, public place (where?)	
18. Funeral director. M. R. Etchison and Son			on and Son	Means of injury Inj	ured at work?
Address Frederick, Maryland			[aryland	Tipm By lini	ich my
19. H- Se	pt 19 H.C.	13	lizabeth & Heck Registrar	Address Frederick, Maryland	M.D. or other Date signed 9-4-45

SEP 5 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County. T. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in ebove place of death?. Nospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 8 19.46 at 10:15A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) October 18-1906	and thet I last saw him dead Sept. 8 19.46. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 10 20 hrsmin.	Cevebral hemorrhage sminute
9. Birthplace Little More talls. Main (Town county, and state)	Due to Fracture Skull ""
1D. Usual occupation	Due to.
12. Name Perker Dangh	Diher conditions Com Pound fracture left tibia of fibuta (Include pregnancy within 8 months of death)
14. Maiden name West Sortland Me.	Major fiadings of operations
Address Monmouth, me	Antopsy results
17	Where did later accur? Thurmont Frederick Ad.
Location Level Mains	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. Address Thurnout M.	Rose & Homes & Md. Medical Examine
19 Sept. 9 1946 Blanch S. Eyler (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other A 20 Med M. D. or other M. D. or other

